

**FEC FORM 2
STATEMENT OF CANDIDACY**

1. (a) Name of Candidate (in full)

Dr. ROBERT WATSON

(b) Address (number and street)

2358 NW 49TH LANE THE PRESERVE

(c) City, State and ZIP Code

BOCA RATON FL 33431

2. Identification Number

H6FL22057

3. Is This Statement New Amended
(N) (A)

4. Party Affiliation

DEMOCRATIC PARTY

5. Office Sought

House

6. State & District of Candidate

FL 22

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the

2006 election(s).
year of election

NOTE:This designation should be filed with the appropriate office listed in the instructions.

(a) Name of Committee (in full)

ROBERT WATSON FOR CONGRESS

(b) Address (number and street)

1050 S FEDERAL HWY SUITE 144

(c) City, State and ZIP Code

DELRAY BEACH FL 33483

DESIGNATION OF OTHER AUTHORIZED COMMITTEES

(Including Joint Fundraising Representatives)

8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.

NOTE:This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)

(b) Address (number and street)

(c) City, State and ZIP Code

DECLARATION OF INTENT TO EXPEND PERSONAL FUNDS (House or Senate Only)

9. I intend to expend personal funds exceeding the threshold amount (see 11 C.F.R. 400.6) by

9A	0.00	for the primary election, and
9B	0.00	for the general election.

If you do not intend to expend personal funds exceeding the threshold amount for either election, you must enter "0.00" for each.

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct, and complete.

Signature of Candidate

Dr. ROBERT WATSON

Date

10/05/2005

NOTE:Submission of false, erroneous or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.

--	--	--	--	--	--	--	--	--