Only

STATEMENT OF

PAGE 1/5

FEC ORGANIZATION FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Florida First Project 610 S. Boulevard ADDRESS (number and street) (Check if address is changed) Tampa 33606 FL CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS nwatkins@robertwatkins.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2016 C00620476 FEC IDENTIFICATION NUMBER > 3. X IS THIS STATEMENT NEW (N) OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Nancy H. Watkins Type or Print Name of Treasurer Nancy H. Watkins [Electronically Filed] 06 2016 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: **FEC FORM 1** Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530

Local 202-694-1100

	FFC Fo	rm 1 (Revised 02/2009)	Page 2				
TYP	E OF C	OMMITTEE	1 ago 2				
Car	ndidate	lidate Committee:					
(a)		This committee is a principal campaign committee. (Complete the candidate information below.)				
(b)		This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)					
Nam Cand	e of didate						
	didate y Affiliati	Office Sought: House Senate President	State				
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.					
Nam Cand	e of didate						
Par	ty Con	y Committee:					
(d)		This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.				
Poli	itical A	ction Committee (PAC):					
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its cor	nnected organization is a				
		Corporation Corporation w/o Capital Stock	Labor Organization				
		Membership Organization Trade Association	Cooperative				
		In addition, this committee is a Lobbyist/Registrant PAC.					
(f)	×	This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or pa committee. (i.e., nonconnected committee)					
		In addition, this committee is a Lobbyist/Registrant PAC.					
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)					
Join	t Func	Iraising Representative:					
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, at least one of which is an authorized committee of a federal candidate.	vo or more political				
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	vo or more political				
	Com	mittees Participating in Joint Fundraiser					
	1.	FEC ID number					
	2.	FEC ID number					
	3.	FEC ID number					
	4.						

FEC Form 1 (Revi	sed 02/2009)	Page 3
Write or Type Committee N		J
Florida First F	Proiect	
	ted Organization, Affiliated Committee, Joint Fundraising Representative, or Lo	eadership PAC Sponsor
NONE		<u> </u>
Mailing Address		
	CITY STATE	ZIP CODE
Relationship: Conn	ected Organization Affiliated Committee Joint Fundraising Representative	Leadership PAC Sponso
Custodian of Records: books and records.	Identify by name, address (phone number optional) and position of the person	in possession of committe
Nancy Full Name	y H. Watkins	
	610 S. Boulevard	
Mailing Address		
	Tampa FL 3	3606
Title or Position	CITY STATE	ZIP CODE
Treasurer	Telephone number 813	_ 254 _ 3369
Treasurer: List the name any designated agent (e	e and address (phone number optional) of the treasurer of the committee; andg., assistant treasurer).	the name and address of
Full Name Nancy of Treasurer	y H. Watkins	
Mailing Address	610 S. Boulevard	
		3606
Title or Position	CITY STATE	ZIP CODE
Treasurer	813 	

FEC Form	1 (Revised 02/2009)	Page 4				
Full Name of Designated Agent	Robert I. Watkins	<u> </u>				
Mailing Address	610 S. Boulevard					
	Tampa FL 33606 CITY STATE ZIF	P CODE				
Title or Position Assistant Treasu	urer Telephone number 813 254	1 - 3369				
Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds. Name of Bank, Depository, etc.						
	The Bank of Tampa					
Mailing Address	601 Bayshore Blvd.					
	Tampa FL 33606					
	CITY STATE ZIF	P CODE				
Name of Bank, D	Depository, etc.					
Mailing Address						
	CITY STATE ZIF	P CODE				

: 97 A = G7 9 @ G5 B9 CI G H9 L H F 9 @ 5 H9 8 HC 5 F 9 DC F H Z G7 < 98 I @ C F → H9 A = N 5 H = C B

Form/Schedule: F1N Transaction ID:

This committee intends to make independent expenditures, and consistent with the U.S. Court of Appeals for the District of Columbia Circuit decision in SpeechNow v. FEC, it therefore intends to raise funds in unlimited amounts. This committee will not use those funds to make contributions, whether direct, in-kind, or via coordinated communications, to federal candidates or committees.

Form/Schedule: Transaction ID: