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FEC
FORM 1

STATEMENT OF
ORGANIZATION

Office Use Only

1. NAME OF
COMMITTEE (in full)

(Check if name
is changed)

Example: If typing, type
over the lines.

12FE4M5

The Sawgrass PAC

ADDRESS (number and street)

610 S. Boulevard

(Check if address
is changed)

Tampa FL 33606

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address)

(Check if address
is changed)

n.watkins@robertwatkins.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address
is changed)

None

2. DATE

MM / DD / YYYY
02 / 04 / 2011

3. FEC IDENTIFICATION NUMBER

C

4. 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.

Type or Print Name of Treasurer

Nancy H. Watkins

Signature of Treasurer

Date

MM / DD / YYYY
02 / 04 / 2011

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
Use
Only

For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

FEC FORM 1
(Revised 02/2009)

11030570803

5. TYPE OF COMMITTEE

Candidate 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.)

Name of Candidate _____

Candidate Party Affiliation Office Sought: House Senate President State District

- (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate _____

Party Committee:

- (d) This committee is a (National, State or subordinate) committee of the (Democratic, Republican, etc.) Party.

Political Action Committee (PAC):

- (e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected 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 party 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.)

Joint Fundraising Representative:

- (g) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
- (h) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

1. _____ FEC ID number C _____
2. _____ FEC ID number C _____
3. _____ FEC ID number C _____
4. _____ FEC ID number C _____

11030570804

Write or Type Committee Name

The Sawgrass PAC

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

N o n e

Mailing Address

[Empty address fields]

CITY

STATE

ZIP CODE

Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor

7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name

N a n c y H . W a t k i n s

Mailing Address

6 1 0 S . B o u l e v a r d
T a m p a F L 3 3 6 0 6

Title or Position

CITY

STATE

ZIP CODE

T r e a s u r e r

Telephone number 8 1 3 - 2 5 4 - 3 3 6 9

8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer

N a n c y H . W a t k i n s

Mailing Address

6 1 0 S . B o u l e v a r d
T a m p a F L 3 3 6 0 6

Title or Position

CITY

STATE

ZIP CODE

T r e a s u r e r

Telephone number 8 1 3 - 2 5 4 - 3 3 6 9

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Full Name of Designated Agent

R, o, b, e, r, t, I, ., W, a, t, k, i, n, s,

Mailing Address

6, 1, 0, S, ., B, o, u, l, e, v, a, r, d,

T, a, m, p, a, F, L, 3, 3, 6, 0, 6, -

CITY

STATE

ZIP CODE

Title or Position

A, s, s, i, s, t, a, n, t, T, r, e, a, s, u, r, e, r,

Telephone number

8, 1, 3, - 2, 5, 4, - 3, 3, 6, 9

9. 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.

T, h, e, B, a, n, k, o, f, T, a, m, p, a,

Mailing Address

6, 0, 1, B, a, y, s, h, o, r, e, B, l, v, d.,

T, a, m, p, a, F, L, 3, 3, 6, 0, 6, -

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

11030570806

Federal Election Commission
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Hand Delivered Date of Receipt

USPS First Class Mail Postmarked

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USPS Priority Mail Postmarked
 Delivery Confirmation™ or Signature Confirmation™ Label

USPS Express Mail Postmarked

Postmark Illegible

No Postmark

Overnight Delivery Service (Specify): *fed Ex* Shipping Date
2/4/11
 Next Business Day Delivery

Received from House Records & Registration Office Date of Receipt

Received from Senate Public Records Office Date of Receipt

Received from Electronic Filing Office Date of Receipt

Other (Specify): Date of Receipt or Postmarked

[Signature] *2/4/11*
 PREPARER DATE PREPARED

11030570807