FEC

Only

STATEMENT OF

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ORGANIZATION FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Judson Sapp for Congress 610 S. Boulevard ADDRESS (number and street) (Check if address is changed) 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) www.judsonsapp.com (Check if address is changed) DATE 2020 C00665885 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. Watkins, Nancy, H.,, Type or Print Name of Treasurer Watkins, Nancy, H.,, [Electronically Filed] 03 26 2020 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

FEC I	Form 1 (Revised 02/2009) Page 2
	COMMITTEE
	This committee is a principal compaign committee (Complete the condidate information below)
(a) *	This committee is a principal campaign committee. (Complete the candidate information below.)
(b) Name of	This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.) Sapp, Judson, , ,
Candidate	Capp, Sudson, , ,
Candidate Party Affilia	ation REP Office Sought: House Senate President State Office Sought: Market Senate President 03
	District
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.
Name of Candidate	
Party Co	ommittee: (National, State - (Democratic,
(d)	This committee is a crossbordinate or subordinate of the committee of the 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
	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 Fu	ndraising 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.
Co	mmittees Participating in Joint Fundraiser
1.	FEC ID number
2.	FEC ID number
3.	FEC ID number
4	

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Write or Type Committee Name		
Judson Sapp fo	r Congress	
6. Name of Any Connected C	organization, Affiliated Committee, Joint Fundraising Representative, or	Leadership PAC Sponsor
NONE		
Mailing Address		
	CITY STATE	ZIP CODE
Relationship: Connected	Organization Affiliated Committee Joint Fundraising Representative	Leadership PAC Sponsor
 Custodian of Records: Ider books and records. 	tify by name, address (phone number optional) and position of the person	on in possession of committee
Watkins, N	ancy, H., ,	
Full Name	1610 S. Boulevard	
Mailing Address		
	Tampa , FL ,	,33606
	Tampa FL	
Title or Position	CITY STATE	ZIP CODE
Treasurer	Telephone number 813	
8. Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional) of the treasurer of the committee; an issistant treasurer).	d the name and address of
Full Name Watkins, N	ancy, H., ,	
Mailing Address	610 S. Boulevard	
-		
	Tampa	33606
Title or Position	CITY STATE	ZIP CODE
Treasurer	Telephone number 813	3369

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Full Name of Designated Agent	Watkins, Robert, I., ,	
Mailing Address	610 S. Boulevard	
	Tampa FL 33606	
Title or Position		P CODE
Assistant Treasu	urer	3369
	The Bank of Tampa	
safety deposit bo	Depository, etc.	
safety deposit bo Name of Bank, [Depository, etc. The Bank of Tampa 601 Bayshore Blvd.	
safety deposit bo Name of Bank, [Depository, etc. The Bank of Tampa	
safety deposit bo Name of Bank, [Tampa Tampa FL 33606	P CODE
safety deposit bo Name of Bank, [Tampa CITY STATE ZIF	
safety deposit bo Name of Bank, I Mailing Address	Tampa CITY STATE ZIF	
safety deposit bo Name of Bank, [Mailing Address	Depository, etc. The Bank of Tampa 601 Bayshore Blvd. Tampa CITY STATE ZIF Depository, etc.	
safety deposit bo Name of Bank, [Mailing Address	Depository, etc. The Bank of Tampa 601 Bayshore Blvd. Tampa CITY STATE ZIF Depository, etc.	
Name of Bank, I	Depository, etc. The Bank of Tampa 601 Bayshore Blvd. Tampa CITY STATE ZIF Depository, etc.	