Only

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STATEMENT OF **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. Rooney for Congress 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) www.francisrooney.com (Check if address is changed) DATE 25 2016 C00618223 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] 10 25 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

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		OMMITTEE • 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. (Cor information below.)	nplete the candidate			
Nam Cand	e of didate	Rooney, Francis, , ,				
	didate / Affiliation	on REP Office Sought: X House Senate President	State FL District 19			
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.				
Nam Cand	e of didate					
Par	ty Con	Committee:				
(d)		This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.			
Poli	tical A	ction Committee (PAC):				
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its co	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 s committee. (i.e., nonconnected committee)	egregated fund or party			
		In addition, this committee is a Lobbyist/Registrant PAC.				
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)				
Join	t Fund	raising Representative:				
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for t 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 to committees/organizations, none of which is an authorized committee of a federal candidate.	wo or more political			
	Com	mittees 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	
Rooney for C	Congress	
	ted Organization, Affiliated Committee, Joint Fundraising Representative, or	Leadership PAC Sponsor
Rooney Victory		
	610 S. Boulevard	
Mailing Address		
		33606
	CITY STATE	ZIP CODE
	Affiliated Committee Joint Fundraising Representative Joint Fundraising Representative Identify by name, address (phone number optional) and position of the personal	
books and records.	, -J, (p	
	ins, Nancy, H., ,	
Full Name	610 S. Boulevard	
Mailing Address		
	Tampa FL	33606
Title or Position	CITY STATE	ZIP CODE
Treasurer		3369
Treasurer: List the nam any designated agent (e	ne and address (phone number optional) of the treasurer of the committee; and e.g., assistant treasurer).	d the name and address of
Full Name Watki of Treasurer	ins, Nancy, H., ,	
Mailing Address	610 S. Boulevard	
	Tampa FL L	33606
Title or Position Treasurer	CITY STATE 813	ZIP CODE
	Telephone number	

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Full Name of Designated Agent	Watkins, Robert, I., ,						
Mailing Address	610 S. Boulevard						
	Tampa FL 33606 CITY STATE ZII	P CODE					
Title or Position Assistant Treast	urer Telephone number	4 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 ZI	P CODE					
Name of Bank, [Depository, etc.						
Mailing Address							
	CITY STATE ZI	P CODE					