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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

NATIONAL WATERMELON ASSOCIATION INC. POLITICAL  
ACTION COMMITTEE

ADDRESS (number and street)

1104 East Reynolds Street

(Check if address  
is changed)

SUITE 212

PLANT CITY FL 33563

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

AMANDA.DIXON@TAMPABAY.FL.COM

COMMITTEE'S WEB PAGE ADDRESS (URL)

WWW.NATIONALWATERMELONASSOCIATION.COM

COMMITTEE'S FAX NUMBER

813-754-1118

2. DATE 10 ' 31 ' 2007

3. FEC IDENTIFICATION NUMBER ► C00291120

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 Amanda H. Dixon

Signature of Treasurer *Amanda H. Dixon*

Date 10 ' 31 ' 2007

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

FEC FORM 1  
(Revised 02/2003)

5. TYPE OF COMMITTEE (Check One)

- (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 \_\_\_\_\_

- (d)  This committee is a  (National, State or subordinate) committee of the  (Democratic, Republican, etc.) Party.
- (e)  This committee is a separate segregated fund.
- (f)  This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee.

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6. Name of Any Connected Organization or Affiliated Committee

\_\_\_\_\_  
\_\_\_\_\_

Mailing Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship \_\_\_\_\_

Type of Connected Organization:

- Corporation  Corporation w/o Capital Stock  Labor Organization
- Membership Organization  Trade Association  Cooperative

Write or Type Committee Name

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 Amanda Dixon

Mailing Address 1305 W. MILK JR. BLVD.  
SUITE 1, BOX 4,  
PLANT CITY, FL 33563

Title or Position SECRETARY-TREASURER CITY STATE ZIP CODE  
Telephone number 813-754-7575

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 AMANDA DIXON

Mailing Address 1305 W. MILK JR. BLVD.  
SUITE 1, BOX 4,  
PLANT CITY, FL 33563

Title or Position SECRETARY, TREASURER CITY STATE ZIP CODE  
Telephone number 813-754-7575

Full Name of Designated Agent B.O.B. MORRISSEY

Mailing Address 1305 W. MILK JR. BLVD.  
SUITE 1, BOX 4,  
PLANT CITY, FL 33563

Title or Position EXECUTIVE DIRECTOR CITY STATE ZIP CODE  
Telephone number 813-754-7575

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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.

\_\_\_\_\_

Mailing Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

CITY ▲ STATE ▲ ZIP CODE ▲

Name of Bank, Depository, etc.

\_\_\_\_\_

Mailing Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

CITY ▲ STATE ▲ ZIP CODE ▲

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Federal Election Commission  
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 The FEC added this page to the end of this filing to indicate how it was received.

Hand Delivered Date of Receipt

USPS First Class Mail Postmarked

USPS Registered/Certified Postmarked (R/C)

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  
*10/31/07*  
 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

*EW*  
 PREPARER

*11/1/07*  
 DATE PREPARED

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