STATEMENT OF

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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. Carol Platt for Congress 4417 13th Street ADDRESS (number and street) Box 172 (Check if address is changed) St. Cloud 34769 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.carolplattforcongress.com (Check if address is changed) DATE 2014 C00544635 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 Watkins Type or Print Name of Treasurer Nancy Watkins [Electronically Filed] 80 08 2014 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 Only Local 202-694-1100

F	EC Fo	orm 1 (Revised 02/2009)	Page 2
		COMMITTEE	
Can		e 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. (Cominformation below.)	plete the candidate
Name Cand		Carol Platt	
Cand Party	idate Affiliati	ion REP Office Sought: X House Senate President	State FL 09
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	District
Name Cand			
Part	y Con	nmittee:	(D
(d)			(Democratic, Republican, etc.) Party.
Poli	tical A	Action Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its cor-	nected 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 secommittee. (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 Func	draising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two 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.	o or more political
	Com	nmittees Participating in Joint Fundraiser	
	1.		
	2.		
	3.	FEC ID number C	
	4.		

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Write or Type Committee Nam		J
Carol Platt for 0	Congress	
	Organization, Affiliated Committee, Joint Fundraising Representative, or L	_eadership PAC Sponsor
NONE		
Mailing Address		
	CITY STATE	ZIP CODE
Relationship: Connecte	ed Organization Affiliated Committee Joint Fundraising Representative	Leadership PAC Sponsor
. Custodian of Records: Ide books and records.	ntify by name, address (phone number optional) and position of the perso	n in possession of committee
Nancy Wa	atkins	
Mailing Address	610 S. Boulevard	
•		
	Tampa FL (33606
Title or Position	CITY STATE	ZIP CODE
Treasurer	Telephone number 813	
3. Treasurer: List the name ar any designated agent (e.g.,	nd address (phone number optional) of the treasurer of the committee; and assistant treasurer).	I the name and address of
Full Name Nancy Wa	atkins	
Mailing Address	610 S. Boulevard	
	Tampa	33606
Title or Position	CITY STATE	ZIP CODE
Treasurer	813 Telephone number	

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Full Name of Designated Agent	Robert Watkins	
Mailing Address	610 S. Boulevard	
g		
	Tampa FL 33606	5 _
	CITY STATE	ZIP CODE
Title or Position Assistant Treas	surer Telephone number 813 –	254 - 3369
Banks or Other safety deposit bo Name of Bank, [r Depositories: List all banks or other depositories in which the committee deposits funds, ho oxes or maintains funds. Depository, etc.	olds accounts, rents
	Wells Fargo	
Mailing Address	1222 East Vine Street	
Mailing Address	1222 East Vine Street	
Mailing Address	1222 East Vine Street	
Mailing Address	1222 East Vine Street	ZIP CODE
	1222 East Vine Street Kissimmee FL 34744 CITY STATE	
Mailing Address	1222 East Vine Street Kissimmee FL 34744 CITY STATE	
Name of Bank, [1222 East Vine Street Kissimmee CITY STATE Depository, etc. First Virginia Community Bank 11325 Random Hillas Road	
	1222 East Vine Street Kissimmee CITY STATE Depository, etc. First Virginia Community Bank 11325 Random Hillas Road	
Name of Bank, [1222 East Vine Street Kissimmee CITY STATE Depository, etc. First Virginia Community Bank 11325 Random Hillas Road	ZIP CODE