Only

## STATEMENT OF

PAGE 1 / 4

**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. Keller for Congress P. O. Box 318 ADDRESS (number and street) (Check if address is changed) Sorrento 32776-0318 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.rickellerforcongress.com (Check if address is changed) DATE 2016 C00614818 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 H. Watkins Type or Print Name of Treasurer Nancy H. Watkins [Electronically Filed] 04 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

F	EC <b>Fo</b> i	orm 1 (Revised 02/2009) Page 2	
		COMMITTEE e Committee:	
(a)	X	This committee is a principal campaign committee. (Complete the candidate information below.)	
(b) Name Candi		This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candida information below.)  Ric Keller	te
Candi		ion REP Office State Senate President District	FL 06
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name Candi			<u>    </u>
Part	y Con	nmittee:	
(d)		(National, State (Democratic, This committee is a or subordinate) committee of the Republican, etc.)	Party.
Polit	ical A	Action Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization	on is a
		Corporation Corporation w/o Capital Stock Labor Organization	tion
		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 committee. (i.e., nonconnected committee)	party
		In addition, this committee is a Lobbyist/Registrant PAC.	
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Joint	Fund	draising Representative:	
(g)	П	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political	l
(h)		committees/organizations, at least one of which is an authorized committee of a federal candidate.  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.	l
	Com	nmittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number	
	3.	FEC ID number	
	4.		•

FEC <b>Form 1</b> (Revi	ised 02/2009)	Page <b>3</b>
Write or Type Committee I	Name	
Keller for Cor	ngress	
6. Name of Any Connect	ted Organization, Affiliated Committee, Joint Fundraising Representative, or Lea	dership PAC Sponsor
NONE		
Mailing Address		
	CITY STATE	ZIP CODE
	nected Organization Affiliated Committee Joint Fundraising Representative	Leadership PAC Sponsor
<ul> <li>Custodian of Records: books and records.</li> </ul>	: Identify by name, address (phone number optional) and position of the person ir	possession of committee
Nanc Full Name	by H. Watkins	
Mailing Address	610 S. Boulevard	
Walling Address		
	Tampa FL 336	06
Title or Position	CITY STATE	ZIP CODE
Treasurer		
. <b>Treasurer:</b> List the nam any designated agent (e	ne and address (phone number optional) of the treasurer of the committee; and the e.g., assistant treasurer).	e name and address of
Full Name Nancy	y H. Watkins	
Mailing Address	610 S. Boulevard	
	Tampa	06
Title or Position	CITY STATE	ZIP CODE
Treasurer		254 - 3369

FEC Form	<b>1</b> (Revised 02/2009)	Page <b>4</b>				
Full Name of Designated Agent	Robert I. Watkins					
Mailing Address	610 S. Boulevard					
	Tampa FL 33606  CITY STATE ZIF	P CODE				
Title or Position Assistant Treasu	urer Telephone number 813 254	1 - 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 ZIF	P CODE				
Name of Bank, D	Depository, etc.					
Mailing Address						
	CITY STATE ZIF	P CODE				