Image# 15951517922				06/23/2015 10 : 36
FEC FORM 1	STATEMEI ORGANIZ	-		PAGE 1 / 4
			(Office Use Only
1. NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5	
Sandy Adams fo	r Conaress			
ADDRESS (number and street)	P. O. Box 830			
Check if address				
is changed)	New Smyrna Beach	· · · · · · · · · · · · ·	FL 32	170
			L L STATE ▲	
COMMITTEE'S E-MAIL ADDR	ESS			
(Check if address	_ss _nwatkins@robertwatkir	ns.com		
is changed)				
	Optional Second E-Mail Ad	dress		1
COMMITTEE'S WEB PAGE AI	DDRESS (URL)			
	23 / Y Y Y Y 2015			
3. FEC IDENTIFICATION N	IUMBER ► C c	00463877		
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 an	d complete.
	New york 11, 147-11			
Type or Print Name of Treasur	er Nancy H. Watkins			
Signature of Treasurer	cy H. Watkins	[Electronically Filed]	Date 06	/ D D / Y Y Y Y 23 2015
NOTE: Submission of false, error	neous, or incomplete information ANY CHANGE IN INFORMATI			e penalties of 2 U.S.C. §437g.
Office Use Only		For further information Federal Election Commis Toll Free 800-424-9530 Local 202-694-1100		FEC FORM 1 (Revised 06/2012)

F	FEC Fo	rm 1 (Revised 02/2009)	Page 2
		OMMITTEE	
Can	ndidate	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. (Compinformation below.)	plete the candidate
Name Cand	e of didate	Sandy Adams	
	didate / Affiliati	on REP Office Sought: X House Senate President	State FL District 06
(C)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name Cand	e of didate		
Part	ty Con	nmittee:	
(d)			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 con-	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 second title. (i.e., nonconnected committee)	gregated 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	Iraising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for tw committees/organizations, at least one of which is an authorized committee of a federal candidate.	o 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	mittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number	
	3.	FEC ID number	
	4.	FEC ID number	

FEC Form 1 (Revised 02/2009)

Page 3

Write or Type Committee Name

Sandy Adams for Congress

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

NONE								
Mailing Addres	S							
				CITY			STATE	ZIP CODE
Relationship:	Connected	d Organization	Affilia	ted Commit	ee Joint	EFundraising F	Representative	Leadership PAC Sponsor
7. Custodian of books and reco		tify by name,	address (phone numl	per optiona	al) and positio	n of the person in	possession of committee
	Nancy H. V	Watkins						
Full Name								
Mailing Addres	S	610 S. Boue						
		Tampa					FL 3360)6

Treasurer	Telephone number	813 254 3369
-----------	------------------	--------------

Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of 8. any designated agent (e.g., assistant treasurer).

CITY

Full Name of Treasurer	Nancy H. Watkins					<u> </u>										
Mailing Address	610 S. Bouelvard				1											
	Tampa				1	1	FL	1		336	06		I			
						1										_
		CITY				S.	TATE					ZIF	, C(

Full Name of Designated Agent	Robert I. Wat	kins							1										
Mailing Address	L	610 S. Boulevard																	
	L																		
	L	Tampa								FL			336	606 		_			
			CIT	Y						STATE	Ξ				ZIP	COD)E		
Title or Position	urer					Te	elepho	one	num	ber		81:	3	- [_	254			3369	

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.

	The Bank of Tampa		
Mailing Address	601 Bayshore Blvd.		
	Tampa	」 FL 33606−	
	CITY	STATE ZIP COD	E
Name of Bank, D	epository, etc.		
Mailing Address			
	CITY	STATE ZIP COD	E