FEC

STATEMENT OF

PAGE 1/6

ORGANIZATION FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Friends For Chris Stewart, Inc. PO Box 540370 ADDRESS (number and street) (Check if address is changed) North Salt Lake 84054-0370 UT CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS jacenilsson@gmail.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) http://stewartforutah.com/ (Check if address is changed) DATE 2019 C00506931 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. Nilsson, Jace, , , Type or Print Name of Treasurer Nilsson, Jace, , , [Electronically Filed] 03 2019 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 i	orm 1 (Revised 02/2009) Pa	ge 2
		COMMITTEE	
(a)	×	This committee is a principal campaign committee. (Complete the candidate information below.)	
(b) Name	of	This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the dinformation below.) Stewart, Chris, , ,	candidate
Candi			
Candi Party	date Affiliatio	tion REP Office Sought: House Senate President District	UT 02
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name Candi			
Party	y Com	mmittee: (National, State (Democrat	ic
(d)			n, 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	ganization is a:
		Corporation Corporation w/o Capital Stock Labor O	rganization
		Membership Organization Trade Association Coopera	tive
		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 committee. (i.e., nonconnected committee)	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.)	
Joint	Fund	draising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more committees/organizations, at least one of which is an authorized committee of a federal candidate.	political
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more committees/organizations, none of which is an authorized committee of a federal candidate.	political
	Com	nmittees Participating in Joint Fundraiser	
	1.	FEC ID number C	
	2.	FEC ID number	
	3.	FEC ID number	
	4.		

FEC Form 1 (Revised 02	7/2009)	Page 3
Write or Type Committee Name		3
Friends For Chri	s Stewart. Inc.	
	ganization, Affiliated Committee, Joint Fundraising Representative, or Leaders	ship PAC Sponsor
Chris Stewart Freedom	Fund	
Sims Stowart Tooloni		
	S40 C Paulaurad	
Mailing Address	610 S Boulevard	
1	Tampa FL	647
	CITY STATE	ZIP CODE
Relationship: Connected (Organization Affiliated Committee X Joint Fundraising Representative Le	eadership PAC Sponso
. Custodian of Records: Identi books and records.	fy by name, address (phone number optional) and position of the person in pos	ssession of committee
Watkins, Na	ncy, , ,	
	610 S Boulevard	
ļ	Tampa FL 33606-2	2647
Title or Position	CITY STATE	ZIP CODE
Custodian of Records	Telephone number	
3. Treasurer: List the name and any designated agent (e.g., as	address (phone number optional) of the treasurer of the committee; and the na sistant treasurer).	ame and address of
Full Name Watkins, Name of Treasurer	ncy, , ,	
Mailing Address	610 S Boulevard	
Į		
[Tampa FL 33606-2	647
Title or Position	CITY STATE	ZIP CODE
Treasurer	Telephone number	

FEC Forr	n 1 (Revised 02/2009)	Page 4
Full Name of Designated	T.,	
Agent		
Mailing Address		
	CITY STATE Z	IP CODE
Title or Position		
	Telephone number	
	Depositories: List all banks or other depositories in which the committee deposits funds, holds aboves or maintains funds. Depository, etc.	
safety deposit be	Depository, etc. The Bank of Tampa 601 Bayshore Boulevard	
safety deposit be Name of Bank,	Depository, etc. The Bank of Tampa	
safety deposit be Name of Bank,	Depository, etc. The Bank of Tampa 601 Bayshore Boulevard Tampa FL 33606	IIP CODE
safety deposit be Name of Bank,	Depository, etc. The Bank of Tampa 601 Bayshore Boulevard Tampa Tampa CITY STATE Z	IP CODE
Name of Bank, Mailing Address Name of Bank,	Depository, etc. The Bank of Tampa 601 Bayshore Boulevard Tampa Tampa CITY STATE Z	IP CODE
safety deposit be Name of Bank, Mailing Address	Depository, etc. The Bank of Tampa 601 Bayshore Boulevard Tampa CITY STATE Z Depository, etc.	

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

FEC Form 1S (Revised 02/2017)

Page ____ **of** ____

h). Joint Fundraisin	g Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	C
		,	
ame of Any Connected	Organization, Affiliated Committee, Joint Fu	ndraising Representativ	e, or Leadership PAC Spon
Bergman Stewart	Walberg Victory Committee		
I			
Mailing Address	PO Box 30844		
	Bethesda	MD	20824-0844
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
Connected	1 Organization Affiliated Committee	oint Fundraising Represent	ative Leadership PAC Sp
	by name, address (phone number – optional)		ative Leadership PAC Sp
esignated Agent: Identify Watkins,	by name, address (phone number – optional)		ative Leadership PAC Sp
esignated Agent: Identify Watkins, Full Name	by name, address (phone number – optional)		ative Leadership PAC Sp
esignated Agent: Identify Watkins, Full Name	by name, address (phone number – optional)		ative Leadership PAC Sp
esignated Agent: Identify Watkins, Full Name	by name, address (phone number – optional) Nancy, , , 610 S Boulevard Tampa		
esignated Agent: Identify Watkins, Full Name	by name, address (phone number – optional) Nancy, , , 610 S Boulevard Tampa	FL	33606-2647
watkins, Full Name Mailing Address TITLE OR POSITION Treasurer Treasurer anks or Other Depositor afety deposit boxes or mail	ries: List all banks or other depositories in wh	FL STATE ▲	33606-2647 ZIP CODE A
watkins, Full Name Watkins, Full Name Mailing Address TITLE OR POSITION Treasurer anks or Other Depositor afety deposit boxes or mail ame of Bank, Wells I	r by name, address (phone number – optional) Nancy, , , 610 S Boulevard Tampa CITY ries: List all banks or other depositories in what intains funds.	FL STATE ▲	33606-2647 ZIP CODE A
watkins, Full Name Mailing Address TITLE OR POSITION Treasurer anks or Other Depositor afety deposit boxes or ma	ries: List all banks or other depositories in what intains funds.	FL STATE ▲	33606-2647 ZIP CODE A
watkins, Full Name Watkins, Full Name Mailing Address TITLE OR POSITION Treasurer anks or Other Depositor afety deposit boxes or mail ame of Bank, Wells I	ries: List all banks or other depositories in what intains funds.	FL STATE ▲	33606-2647 ZIP CODE A

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

FEC Form 1S (Revised 02/2017)

Page ____ **of** ____

	ng Participant:		
1		FEC ID number	С
2.		FEC ID number	C
3.		FEC ID number	C
4.		FEC ID number	C
Name of Any Connected Hardy Stewart Vi	Organization, Affiliated Committee, Joint Fundr	raising Representativ	e, or Leadership PAC Spons
Mailing Address	PO Box 751271		
Relationship:	Las Vegas CITY	NV NV	89136-1271 ZIP CODE ▲
neialionsnip.	CITY	SIAIE	ZIP CODE A
	Affiliated Committee Joint Joint by by name, address (phone number – optional)	Fundraising Represent	ative Leadership PAC Spo
		Fundraising Represent	ative Leadership PAC Spo
Designated Agent: Identi		Fundraising Represent	ative Leadership PAC Spo
Designated Agent: Identi		Fundraising Represent	ative Leadership PAC Spo
Designated Agent: Identi		Fundraising Represent	ative Leadership PAC Spo
Designated Agent: Identi	y by name, address (phone number – optional)	STATE A	Ative Leadership PAC Spo
Pesignated Agent: Identi Full Name L Mailing Address	by by name, address (phone number – optional) CITY		
Pesignated Agent: Identi Full Name Mailing Address TITLE OR POSITION Banks or Other Deposite afety deposit boxes or markets.	cy by name, address (phone number – optional) CITY CITY Telepries: List all banks or other depositories in which	STATE A	ZIP CODE A
Pesignated Agent: Identi Full Name	cy by name, address (phone number – optional) CITY CITY Telepries: List all banks or other depositories in which aintains funds. of Nevada	STATE A	ZIP CODE A