Image# 11953211885 PAGE 1 / 5

FEC FORM 1			TATEM RGAN			=													
													Off	ice U	lse O	nly			
NAME OF COMMITTEE (in	n full)	,	Check if name changed)		Exampl over the			type		12	FE4	4M5							
Friends for	Chris	Stew	art, Inc	, ,	1 1	1 1	1 1		1 1	1		1	1 1			ı	1 1		, I
									1 1				1 1						
ADDRESS (number a	nd street)	542 E La	keview Way																
(Check if ar is changed)		Farmingt	on						 J	U	Г		840	 25 			 ·		
				CIT	Y					STA	ГΕ				ZIP	COI	DE		
COMMITTEE'S E-MA	AL ADDRES	S (Please	provide only o	ne e-mai	il addre	ss)													
(0) 1 "		cmarsto	n@nrreports.r	et															
(Check if is change								ı				ı							
COMMITTEE'S WEB	PAGE ADD		RL) sstewartforcor	ngress.cc	om														
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- is change	u)																		
2. DATE 12	2 13	D / Y	2011																
3. FEC IDENTIFIC	CATION NU	MBER	С	C0050	06931														
4. IS THIS STATE	MENT X	NEW	(N) OI	3		AME	ENDE	D (A)											
I certify that I have e	examined the	s Stateme	nt and to the	best of	my kno	wledge	e and	belie	ef it is	s tru	e, co	rrect	and	con	nplet	e.			
Type or Print Name	of Treasurer	Chris Ma	arston																
Signature of Treasure	Chris M er	arston			[E	lectron	ically	Filed	7 г	Date		12	M /	D	13	/	Y	2011	Y
NOTE: Submission of			mplete informa					_	-					pena	ılties	of 2	U.S.	C. §4	137g.
Office						r furthe												1	
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Office Use Only					For further information contact: Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100	FEC FORM 1 (Revised 02/2009)	
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	CC Fours 1 (Deviced 09/0000)	Dogo 2
	EC Form 1 (Revised 02/2009)	Page 2
	OF COMMITTEE Iidate Committee:	
(a)	X 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. (Compleinformation below.)	ete the candidate
Name o	TOTALS STEWART	
Candida Party A	date Office Affiliation REP Sought: X House Senate President	State UT District 02
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name o Candida		
Party	Committee:	
(d)		Democratic, epublican, etc.) Party.
Politic	cal Action Committee (PAC):	
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected	ected 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 segrecommittee. (i.e., nonconnected committee)	regated 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 F	Fundraising 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.	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.	or more political
	Committees Participating in Joint Fundraiser	
	L L L L L L L L L L L L L L L L L L L	• • • • • • • • • • • • • • • • • • • •
:	2. FEC ID number	
;	3. FEC ID number	
	4	

FEC Form 1 (Revis	sed 02/2009)	Page 3
Write or Type Committee N		. 230
	hris Stewart, Inc.	
	ed Organization, Affiliated Committee, Joint Fundraising Representative, o	or Leadership PAC Sponsor
NONE		
Mailing Address		
	CITY STATE	ZIP CODE
Relationship: Conne	ected Organization Affiliated Committee Joint Fundraising Representative	ve Leadership PAC Sponso
Custodian of Records: books and records.	Identify by name, address (phone number optional) and position of the per	son in possession of committee
Donna Full Name	a Smith	
Mailing Address	45 North Hill Dr	
J T T T T T T T T T T T T T T T T T T T	Ste 100	
	Warrenton	20186
Title or Position	CITY STATE	ZIP CODE
Assistant Treasurer		8808
3. Treasurer: List the name any designated agent (e.	e and address (phone number optional) of the treasurer of the committee; ag., assistant treasurer).	and the name and address of
Full Name Chris Northeasurer	Marston	
Mailing Address	45 North Hill Drive	
	Ste 100	
	Warrenton	20186
Title or Position	CITY STATE	ZIP CODE
<u> </u>	Telephone number	

	m 1 (Revised 02/2009)	Page 4
Full Name of Designated		
Agent		
Mailing Address		
	CITY STATE	ZIP CODE
Title or Position		
	Telephone number	
	420 Montgomery St	
Mailing Address		104
Mailing Address		104 ZIP CODE
Mailing Address Name of Bank,	San Francisco CA 94	
	San Francisco CA 94	
Name of Bank, I	San Francisco CITY STATE Depository, etc.	
Name of Bank, I	San Francisco CITY STATE Depository, etc.	
	San Francisco CITY STATE Depository, etc.	

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Form/Schedule: F1N Transaction ID:

This amended Form 1 responds to a request for additional information dated Dec. 12, 2011. The Committee inadvertently failed to list the party affiliation of the candidate. This amended Form 1 corrects that omission.

Form/Schedule: Transaction ID: