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STATEMENT OF **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. 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 2018 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] 12 06 2018 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

| FEC F                      | orm 1 (Revised 02/2009)  | Page <b>2</b>                        |
|----------------------------|--|--------------------------------------|
|                            | COMMITTEE  |                                      |
|                            | te 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. (Comple information below.)  | te the candidate                     |
| Candidate                  | Stewart, Chris, , ,  |                                      |
| Candidate<br>Party Affilia | tion REP Office Sought: X House Senate President   | State UT                             |
| (6)                        | This committee supports/opposes only one candidate, and is NOT an authorized committee.  | District                             |
| (c) Name of                | This committee supports/opposes only one candidate, and is NOT an authorized committee.  |                                      |
| Candidate                  |  |                                      |
| Party Co                   | mmittee:   |                                      |
| (d)                        | · · ·  | emocratic,<br>publican, etc.) Party. |
| Political A                | Action Committee (PAC):  |                                      |
| (e)                        | This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization or line 6.   | cted organization is a               |
|                            | Corporation Corporation w/o Capital Stock  | abor 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 segre committee. (i.e., nonconnected committee)   | egated 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 Fun                  | 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. | 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                    |
| Con                        | nmittees Participating in Joint Fundraiser   |                                      |
| 1.                         |  |                                      |
| 2.                         | FEC ID number  |                                      |
| 3.                         |  |                                      |
|                            |  |                                      |

| I  |   |                        |
|--|---|------------------------|
| FEC Form 1 (Revised  |   | Page 3                 |
| Write or Type Committee Nan  |   |                        |
| Friends For Ch   | nris Stewart, Inc.  |                        |
| 6. Name of Any Connected   | Organization, Affiliated Committee, Joint Fundraising Representative, or Leade                      | rship PAC Sponsor      |
| Chris Stewart Freedo   | m, Fund   |                        |
|  |   |                        |
| Mailing Address  | 610 S Boulevard   |                        |
| Mailing Address  |   |                        |
|  | Tampa FL 33606-   | ·2647                  |
|  | CITY STATE  | ZIP CODE               |
|  | — — — —   | ZIF CODE               |
| Relationship: Connect  | ed Organization Affiliated Committee X Joint Fundraising Representative                             | Leadership PAC Sponsor |
|  |   |                        |
| <ol> <li>Custodian of Records: Ide<br/>books and records.</li> </ol>         | entify by name, address (phone number optional) and position of the person in p                     | ossession of committee |
| Nilsson,   | Jace, , ,   |                        |
| Full Name  | 10559 S Poplar Grove Dr   |                        |
| Mailing Address  |   |                        |
|  | South Jordan UT   | 2080                   |
|  | South Jordan UT 84009   | -3969                  |
| Title or Position  | CITY STATE  | ZIP CODE               |
| Custodian of Records   | Telephone number  |                        |
|  |   |                        |
| <ol><li>Treasurer: List the name a<br/>any designated agent (e.g.,</li></ol> | nd address (phone number optional) of the treasurer of the committee; and the assistant treasurer). | name and address of    |
| Full Name Nilsson,   | Jace, , ,   |                        |
| of Treasurer   |   |                        |
| Mailing Address  | 10559 S Poplar Grove Dr   |                        |
|  |   |                        |
|  | South Jordan UT 84009-  | -3989                  |
| Title or Position  | CITY STATE  | ZIP CODE               |
| Treasurer  | Telephone number  |                        |
| 1  |   |                        |

| TEC TOIL                                      | rm 1 (Revised 02/2009)   |                       |
|---|--|-----------------------|
|   |  |                       |
| Full Name of<br>Designated<br>Agent           | Nilsson, Jace, , ,   |                       |
| Mailing Address                               | 10559 S Poplar Grove Dr  |                       |
|   | South Jordan UT 840  CITY STATE  | 09-3989<br>ZIP CODE   |
| Title or Position  Designated Age             |  |                       |
|   | er Depositories: List all banks or other depositories in which the committee deposits funds, boxes or maintains funds.                                 | holds accounts, rents |
| -   | Depository, etc.   |                       |
| -   |  |                       |
|   | Depository, etc.  Wells Fargo  1420 Montgomery Street  |                       |
| Name of Bank,                                 | Depository, etc.  Wells Fargo  1420 Montgomery Street  |                       |
| Name of Bank,                                 | Depository, etc.  Wells Fargo  1420 Montgomery Street  | 04                    |
| Name of Bank,                                 | Depository, etc.  Wells Fargo  420 Montgomery Street   | 04<br>ZIP CODE        |
| Name of Bank,  Mailing Address                | Depository, etc.  Wells Fargo  420 Montgomery Street  San Francisco  CA 9411   |                       |
| Name of Bank,  Mailing Address                | Depository, etc.  Wells Fargo  420 Montgomery Street  San Francisco  CA 9410  CITY  STATE  |                       |
| Name of Bank,  Mailing Address  Name of Bank, | Depository, etc.  Wells Fargo  420 Montgomery Street  San Francisco  CA 9410  CITY  STATE  Depository, etc.  The Bank of Tampa  601 Bayshore Boulevard |                       |
| Name of Bank,  Mailing Address                | Depository, etc.  Wells Fargo  420 Montgomery Street  San Francisco  CA 9410  CITY  STATE  Depository, etc.  The Bank of Tampa  601 Bayshore Boulevard | ZIP CODE              |

FEC Form 1S (Revised 02/2017)

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

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| (h). Joint Fundraisi   |   | FEC ID number              | C                         |
|--|---|----------------------------|---------------------------|
| 1.   |   | FEC ID number              | С                         |
| 2.   |   | FEC ID number              | C                         |
| 3.   |   |                            |                           |
| 4.   |   | FEC ID number              | C                         |
| lame of Any Connected  | Organization, Affiliated Committee, Joint Fundr   | aising Representative      | e, or Leadership PAC Spon |
| Hardy Stewart Vi   |   |                            |                           |
| 1  |   |                            |                           |
|  |   |                            |                           |
| Mailing Address  | PO Box 751271   |                            |                           |
|  |   |                            |                           |
|  | Las Vegas   | NV                         | 89136-1271                |
| Relationship:  | CITY ▲  | STATE ▲                    | ZIP CODE ▲                |
| Connecte   | d Organization Affiliated Committee   | Fundraising Representa     | Leadership PAC Sp         |
| esignated Agent: Identif   | d Organization Affiliated Committee Joint by by name, address (phone number – optional)   | Fundraising Representa     | ative Leadership PAC Sp   |
| esignated Agent: Identif   |   | Fundraising Representa     | Leadership PAC Sp         |
| esignated Agent: Identif   |   | Fundraising Representa     | Leadership PAC Sp         |
| esignated Agent: Identif   |   | Fundraising Representa     | Leadership PAC Sp         |
| esignated Agent: Identif   | y by name, address (phone number – optional)  |                            |                           |
| esignated Agent: Identif   | y by name, address (phone number – optional)  | Fundraising Representation | Leadership PAC Sp         |
| esignated Agent: Identif  Full Name  Mailing Address   | y by name, address (phone number – optional)  CITY  |                            |                           |
| esignated Agent: Identification Full Name   Mailing Address  TITLE OR POSITION   | y by name, address (phone number – optional)  CITY   Te   | STATE A                    | ZIP CODE A                |
| esignated Agent: Identification Full Name   Mailing Address  TITLE OR POSITION   | y by name, address (phone number – optional)  CITY   CITY   Telepries: List all banks or other depositories in which                            | STATE A                    | ZIP CODE A                |
| esignated Agent: Identification Full Name Mailing Address  TITLE OR POSITION ARRANGE OF Other Deposite afety deposit boxes or marks or Other Deposite afety deposite boxes or other Deposite afety deposite boxes or other Deposite afety d | y by name, address (phone number – optional)  CITY   CITY   Telepries: List all banks or other depositories in which aintains funds.            | STATE A                    | ZIP CODE A                |
| esignated Agent: Identification Full Name Mailing Address  TITLE OR POSITION ARRANGE OF Other Deposite afety deposit boxes or marks or Other Deposite afety deposite boxes or other Deposite afety deposite boxes or other Deposite afety d | y by name, address (phone number – optional)  CITY   CITY   Telepries: List all banks or other depositories in which                            | STATE A                    | ZIP CODE A                |
| Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or m  ame of Bank, Bank  | y by name, address (phone number – optional)  CITY   CITY   Telepries: List all banks or other depositories in which aintains funds.            | STATE A                    | ZIP CODE A                |
| Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mane of Bank, pepository, etc.  | y 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                |
| Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mane of Bank, pepository, etc.  | y 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                |