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STATEMENT OF ORGANIZATION

				Office Use Only
1. NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5	
Bill Campbell Com	mittee			
ADDRESS (number and street)	2462 South 900 West			
 (Check if address is changed) 				
	Syracuse			4075
			STATE ▲	ZIP CODE▲
COMMITTEE'S E-MAIL ADDRE	ESS			
(Check if address	wjc.celebrate.life@gmail.cor	m		
is changed)				
	Optional Second E-Mail Add	dress		
2. DATE 01 2	D / Y Y Y Y 1 2024			
3. FEC IDENTIFICATION N	UMBER ► C co	00866590		
4. IS THIS STATEMENT	NEW (N) OR	AMENDED (A)		
I certify that I have examined the	his Statement and to the best	of my knowledge and belief it	is true, correct ar	d complete.
Type or Print Name of Treasure	r Campbell, Kyle, , ,			
Signature of Treasurer Cam	pbell, Kyle, , ,		Date 01	/ D D / Y Y Y Y 21 2024
NOTE: Submission of false, erron		may subject the person signing the fight of		e penalties of 52 U.S.C. §3010
Office Use Only		For further information co Federal Election Commissio Toll Free 800-424-9530 Local 202-694-1100		FEC FORM 1 (Revised 06/2012)

FEC Form 1 (Revised 03/2022) Page 2 TYPE OF COMMITTEE: 5. Candidate Committee: This committee is a principal campaign committee. (Complete the candidate information below.) (a) X This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate (b) information below.) Name of Campbell, Bill, , , Candidate State UT Candidate Office DEM House Senate President Party Affiliation Sought: District 01 (c) This committee supports/opposes only one candidate, and is NOT an authorized committee. Name of Candidate Party Committee: (National, State (Democratic, (d) This committee is a or subordinate) committee of the Republican, etc.) Party **Political Action Committee (PAC):** This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a: (e) Corporation w/o Capital Stock Labor Organization Corporation 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 party committee. (i.e., nonconnected committee) In addition, this committee is a Lobbyist/Registrant PAC. In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.) (g) This committee is an independent expenditure-only political committee (Super PAC). In addition, this committee is a Lobbyist/Registrant PAC.

(h) This committee is a political committee with both contribution and non-contribution accounts (Hybrid PAC).

Joint Fundraising Representative:

(i) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
 (j) 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.
 Committees Participating in Joint Fundraiser
 1.
 2.

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Write or Type Committee Name	

Bill Campbell Committee

6.	Name of Any Connected O	rganization, Affiliated	Committee, Joint Fundra	ising Representative, or	Leadership PAC Sponsor
	Mailing Address				
			CITY 🔺	STATE 🔺	ZIP CODE
	Relationship: Connected	Organization	ted Organization Join	Fundraising Representativ	e Leadership PAC Sponsor

7. **Custodian of Records:** Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

	Campbell, I	Kyle, ,	,																									
Full Name																												
Mailing Address		2462	South	h 900	0 We	st																						
		Syra	cuse													Ľ	JT 		8	407	75]-[
							CI	TΥ							5	STA	ΤE					ZII	РC	OD	E	L .		
Title or Position	•																											
Custodian											Te	leph	ione	e ni	umb	ber		80	1		L	682	2] – [339	2	

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

Full Name of Treasurer	Campbell, Kyle, , ,						
Mailing Address	2462 South 900 West						
	Syracuse UT 84075 - - - -						
	CITY ▲ STATE ▲ ZIP CODE ▲						
Title or Position ▼							
	Telephone number 801 - 682 - 3392						

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Full Name of Designated Agent	Campbell, Amy, , ,		
Mailing Address	2462 South 900 West		
	Syracuse	UT 84075	
	CITY 🔺	STATE A	ZIP CODE
Title or Position	▼		
	т [Telephone number	682 - 3391

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.

	Wells Fargo		
Mailing Address	279 N 2000 W		
	West Point	UT 84015	
	CITY ▲	STATE ▲	ZIP CODE ▲
Name of Bank, D	epository, etc.		
Mailing Address			
	CITY ▲	STATE 🔺	ZIP CODE ▲

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