FEC

Only

STATEMENT OF

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ORGANIZATION FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Celeste for Congress P. O. Box 2410 ADDRESS (number and street) (Check if address is changed) Cedar City 84721-UT CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS (Check if address nwatkins@robertwatkins.com is changed) Optional Second E-Mail Address mwatkins@robertwatkins.com COMMITTEE'S WEB PAGE ADDRESS (URL) http://www.celesteforutah.com/ (Check if address is changed) DATE 2024 C00842765 FEC IDENTIFICATION NUMBER > 3. X OR IS THIS STATEMENT NEW (N) 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. Type or Print Name of Treasurer Watkins, Nancy, H., Watkins, Nancy, H.,, Date 04 12 2024 Signature of Treasurer NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109. 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

Local 202-694-1100

E	Form 1 (Revised 03/2022)	Page 2
	TYPE OF COMMITTEE:	
	Candidate 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. (Complete the information below.)	: candidate
	Name of Candidate Maloy, Celeste, , ,	
	Candidate Party Affiliation REP Office Sought: House Senate President	State UT District 02
	(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	
	Name of Candidate	
	Party Committee:	
	(d) This committee is a (National, State (Democratic, or subordinate) committee of the Republican,	
	Political Action Committee (PAC):	
	(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected	d organization is a:
	Corporation Corporation w/o Capital Stock Labor Or	rganization
	Membership Organization Trade Association Cooperat	tive
	In addition, this committee is a Lobbyist/Registrant PAC.	
	This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated committee. (i.e., nonconnected committee)	I 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.)	
	(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 PA	C).
	In addition, this committee is a Lobbyist/Registrant PAC.	
	Joint Fundraising Representative:	
	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or committees/organizations, at least one of which is an authorized committee of a federal candidate.	more political
	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or committees/organizations, none of which is an authorized committee of a federal candidate.	more political
	Committees Participating in Joint Fundraiser	
	1	

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٧	Vrite or Type Committee Name			
	Celeste for Cong	gress		
6.	Name of Any Connected O	rganization, Affiliated Committee, Joint Fundraising F	Representat	ive, or Leadership PAC Sponsor
	Team Celeste			
	Mailing Address	610 S. Boulevard		
		Tampa	J FL	33606-
		CITY ▲	STATE	▲ ZIP CODE ▲
	Relationship: Connected	Organization Affiliated Organization X Joint Fundra	aising Repres	sentative Leadership PAC Sponso
7.	Custodian of Records: Ident books and records.	ify by name, address (phone number optional) and posit	ion of the pe	erson in possession of committee
	Watkins, N	ancy, H., ,		
	Mailing Address	610 S. Boulevard		
		Tampa	J FL	33606-2647
		CITY ▲	STATE	▲ ZIP CODE ▲
	Title or Position ▼			
	Custodian of Records	Telephone	number	813 - 254 - 3369
8.	Treasurer: List the name an any designated agent (e.g.,	d address (phone number optional) of the treasurer o assistant treasurer).	f the commi	ttee; and the name and address of
	Full Name Watkins, N	lancy, H., ,		
	of Treasurer			
	Mailing Address	610 S. Boulevard		
		Tampa	J FL	33606-2647
	Title or Position -	CITY ▲	STATE	▲ ZIP CODE ▲
	Title or Position ▼ Treasurer			813 254 3369
		Telephone	number	

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Full Name of Designated Agent Mailing Address	Watkins, Michael, , , 610 S. Boulevard Tampa FL	33606-2647
	CITY ▲ STATE ▲	ZIP CODE ▲
Title or Position Assistant Treasur		813 - 254 - 3369
	Depositories: List all banks or other depositories in which the committee deposities or maintains funds.	ts funds, holds accounts, rents
Name of Bank, D	epository, etc.	
Mailing Address	The Bank of Tampa Post Office Box One	
	Tampa FL	33601
	CITY ▲ STATE ▲	ZIP CODE ▲
Name of Bank, D	epository, etc.	
Mailing Address		
	CITY ▲ STATE ▲	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 r	g Participant:		
1.		FEC ID number	С
2.		FEC ID number	C
3.		FEC ID number	C
4.		FEC ID number	C
ame of Any Connected	Organization, Affiliated Committee, Joint F	- - - - - - - - - - - - - - - - - - -	ve, or Leadership PAC Spon
Battlefield Fund 2023			
Mailing Address	228 S Washington St		
	Ste 115		
	Alexandria	, , , , , VA ,	22314-5404
Relationship:	CITY ▲	STATE 4	ZIP CODE A
·			
esignated Agent: Identif	y by name, address (phone number - option	Joint Fundraising Represer	tative Leadership PAC Sp
esignated Agent: Identif			Leadership PAC Sp
esignated Agent: Identif	y by name, address (phone number - option		Leadership PAC Sp
esignated Agent: Identify Watkins, Full Name	y by name, address (phone number – optional Robert, , ,		Leadership PAC Sp
esignated Agent: Identify Watkins, Full Name	y by name, address (phone number – optional Robert, , ,		Leadership PAC Sp
esignated Agent: Identify Watkins, Full Name Mailing Address	y by name, address (phone number – options Robert, , , 610 S. Boulevard Tampa CITY	al)	
esignated Agent: Identify Watkins, Full Name	y by name, address (phone number – options Robert, , , 610 S. Boulevard Tampa CITY	al) FL STATE	33606-2647
esignated Agent: Identify Watkins, Full Name Mailing Address TITLE OR POSITION	y by name, address (phone number – options Robert, , , 610 S. Boulevard Tampa CITY	al)	33606-2647
esignated Agent: Identify Watkins, Full Name Mailing Address TITLE OR POSITION Designated Agent	y by name, address (phone number – options) Robert, , , 610 S. Boulevard Tampa CITY	Telephone Number	33606-2647 ZIP CODE A
esignated Agent: Identify Watkins, Full Name Mailing Address TITLE OR POSITION Designated Agent Agent Anks or Other Deposito	ries: List all banks or other depositories in w	Telephone Number	33606-2647 ZIP CODE A
esignated Agent: Identify Watkins, Full Name Mailing Address TITLE OR POSITION Designated Agent	ries: List all banks or other depositories in w	Telephone Number	33606-2647 ZIP CODE A
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