**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 2025 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., Date 80 20 2025 Signature of Treasurer Watkins, Nancy, H.,, 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

FEC 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.)	ne 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.	District 02
Name of Candidate	
Party Committee:	
(National, State (Democratic	c, , etc.) Party
Political Action Committee (PAC):	
(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected	ed organization is a:
Corporation Corporation w/o Capital Stock Labor C	Organization
Membership Organization Trade Association Coopera	ative
In addition, this committee is a Lobbyist/Registrant PAC.	
(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregate committee. (i.e., nonconnected committee)	ed 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 Pr	AC).
In addition, this committee is a Lobbyist/Registrant PAC.	
Joint Fundraising Representative:	
(i) 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
(j) 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	
1C	
C	

I	FEC Form 1 (Revised 0	2/2009)	Page <b>3</b>
V	Vrite or Type Committee Name		
	Celeste for Cong	Jress	
6.	Name of Any Connected O	rganization, Affiliated Committee, Joint Fundraising Repres	entative, or Leadership PAC Sponsor
	Team Celeste		
	Mailing Address	610 S. Boulevard	
		Tampa	FL 33606-
		CITY ▲ S	STATE ▲ ZIP CODE ▲
	Relationship: Connected	Organization Affiliated Organization X Joint Fundraising F	Representative Leadership PAC Sponso
7.	Custodian of Records: Ident books and records.	ify by name, address (phone number optional) and position of t	the person in possession of committee
	Watkins, N	ancy, H., ,	
	Mailing Address	610 S. Boulevard	
		1	
		Tampa	FL   33606-2647
		CITY ▲ S	STATE ▲ ZIP CODE ▲
	Title or Position ▼		
	Custodian of Records	Telephone number	er 813 - 254 - 3369
8.	Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional) of the treasurer of the cassistant treasurer).	committee; and the name and address of
	Full Name Watkins, N of Treasurer	ancy, H., ,	
		610 S. Boulevard	
	Mailing Address		
		Tampa ,	FL     33606-2647
	Title or Position ▼	CITY ▲ S	STATE ▲ ZIP CODE ▲
	Treasurer		er 813 - 254 - 3369

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Full Name of Designated Agent	Watkins, Michael, , ,		
Mailing Address	610 S. Boulevard		
	Tampa	FL	33606-2647
Title or Position	CITY ▲	STATE ▲	ZIP CODE ▲
Assistant Treasu	rer	none number 813	
Banks or Other safety deposit bo	<b>Depositories:</b> List all banks or other depositories in which the xes or maintains funds.	committee deposits fund	s, holds accounts, rents
Name of Bank, [	Depository, etc.		
	The Bank of Tampa		
Mailing Address	Post Office Box One		
	Tampa 	FL :	33601
	CITY A	STATE ▲	ZIP CODE ▲
Name of Bank, [	Depository, etc.		
	Capital Bank		
Mailing Address	10700 Parkridge Road		
	Suite 180		
	Reston	VA 2	20191
	CITY A	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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raue	OI.	

(h). <b>Joint Fundraisi</b>	ng Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	C
7-			
lame of Any Connected	Organization, Affiliated Committee, Joint Fu	ndraising Representativ	e, or Leadership PAC Spons
GOP Winning Wome	en 2024		
Mailing Address	228 S Washington St		
· ·	Ste 115		
	Alexandria	VA	22314-5404
			ZIP CODE ▲
esignated Agent: Identif	y by name, address (phone number – optional	STATE ▲ oint Fundraising Represent	
Connecte esignated Agent: Identif	d Organization Affiliated Committee X J	oint Fundraising Represent	
Connecte esignated Agent: Identif	Affiliated Committee X J	oint Fundraising Represent	
esignated Agent: Identification  Watkins Full Name	Affiliated Committee X J  by by name, address (phone number – optional) by, Robert, , ,	oint Fundraising Represent	
esignated Agent: Identification  Watkins Full Name	Affiliated Committee X J  by by name, address (phone number – optional) by, Robert, , ,	oint Fundraising Represent	
esignated Agent: Identification  Watkins Full Name	Affiliated Committee X J  Ty by name, address (phone number – optional)  610 S. Boulevard  Tampa	oint Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identification Watkins Full Name Mailing Address	Affiliated Committee X J  Ty by name, address (phone number – optional)  610 S. Boulevard  Tampa	oint Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identification Watkins Full Name Watkins Mailing Address  TITLE OR POSITION Designated Agent Agent Anks or Other Deposited Agent deposit boxes or mame of Bank, Chain	Affiliated Committee  Affiliated Committee  y by name, address (phone number – optional), Robert, , ,  610 S. Boulevard  Tampa  CITY   Ories: List all banks or other depositories in wh	oint Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identification  Watkins Full Name  Mailing Address  TITLE OR POSITION Designated Agent  anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.  Chain	Affiliated Committee  X J  Ty by name, address (phone number – optional)  Robert, , ,  610 S. Boulevard  Tampa  CITY   Ories: List all banks or other depositories in whaintains funds.	oint Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identification  Watkins Full Name  Mailing Address  TITLE OR POSITION Designated Agent Designated Agent anks or Other Deposited afety deposit boxes or management	Affiliated Committee  X J  Ty by name, address (phone number – optional)  Robert, , ,  610 S. Boulevard  Tampa  CITY   Ories: List all banks or other depositories in whaintains funds.  Bridge Bank	oint Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identification  Watkins Full Name  Mailing Address  TITLE OR POSITION Designated Agent  anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.  Chain	Affiliated Committee  X J  Ty by name, address (phone number – optional)  Robert, , ,  610 S. Boulevard  Tampa  CITY   Ories: List all banks or other depositories in whaintains funds.  Bridge Bank	oint Fundraising Represent	ative Leadership PAC Sp

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

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	ng Participant:		
1.		FEC ID number	С
2.		FEC ID number	C
3.		FEC ID number	С
4.		FEC ID number	С
Transportation Trust	Organization, Affiliated Committee, Joint F Fund	·undraising Representati	ve, or Leadership PAC Spon
Mailing Address	502 6th Street		
	Hudson	wi	54016-
Relationship:	CITY ▲	STATE 4	ZIP CODE ▲
	Affiliated Committee X  fy by name, address (phone number – options	Joint Fundraising Represer	tative Leadersnip PAC Sp
			tative Leadersnip PAC Sp
esignated Agent: Identi			Leadership PAC Sp
esignated Agent: Identi			tative Leadership PAC Sp
esignated Agent: Identi			Leadership PAC Sp
esignated Agent: Identi	fy by name, address (phone number – options		ZIP CODE A
esignated Agent: Identi  Full Name  Mailing Address	fy by name, address (phone number – options	al)	
esignated Agent: Identification Full Name     Mailing Address   TITLE OR POSITION	cories: List all banks or other depositories in waintains funds.	STATE A Telephone Number	ZIP CODE A
esignated Agent: Identification  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mame of Bank,	cories: List all banks or other depositories in waintains funds.	STATE A  Telephone Number	ZIP CODE A
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	cories: List all banks or other depositories in waintains funds.	STATE A  Telephone Number	ZIP CODE A
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	cories: List all banks or other depositories in waintains funds.	STATE A  Telephone Number	ZIP CODE A

FEC Form 1S (Revised 02/2017)

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

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1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
ame of Any Connected	Organization, Affiliated Committee, Joint Fo	ındraising Representativ	e, or Leadership PAC Spon
GOP Winning Wome	en 2026		
Mailing Address	228 S Washington St		
ag / taaeee	Ste 115		
	Alexandria	, VA I	22314-5404
Relationship:	CITY ▲	STATE A	ZIP CODE ▲
		Joint Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identi	Affiliated Committee X  fy by name, address (phone number – optiona		Leadership PAC Sp
			Leadership PAC Sp
esignated Agent: Identi			Leadership PAC Sp
esignated Agent: Identi			Leadership PAC Sp
esignated Agent: Identi  Full Name  Mailing Address	fy by name, address (phone number – optiona		Leadership PAC Sp
esignated Agent: Identi	fy by name, address (phone number – optiona	STATE A	
esignated Agent: Identi  Full Name  Mailing Address	fy by name, address (phone number – optiona		
esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION	fy by name, address (phone number – optional control of the contro	STATE A Telephone Number	ZIP CODE A
esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc	fy by name, address (phone number – optional control of the contro	STATE A  Telephone Number	ZIP CODE A
esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or management and ma	fy by name, address (phone number – optional control of the contro	STATE A  Telephone Number	ZIP CODE A
esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc	fy by name, address (phone number – optional control of the contro	STATE A  Telephone Number	ZIP CODE A