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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 nwatkins@robertwatkins.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 29 2019 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. Watkins, Nancy, H.,, Type or Print Name of Treasurer Watkins, Nancy, H.,, [Electronically Filed] 05 29 2019 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

F	EC Fo	rm 1 (Revised 02/2009)	Page 2
		COMMITTEE	
(a)	×	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. (Compinformation below.)	olete the candidate
Name Cand		Stewart, Chris, , ,	
Cand Party	idate Affiliati	on REP Office Sought: X House Senate President	State UT District 02
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name Candi			
Part	y Con	nmittee: (National, State	Democratic,
(d)		· · · · · · · · · · · · · · · · · · ·	Republican, etc.) Party.
Polit	ical A	ction Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization on line 6.	nected 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 secommittee. (i.e., nonconnected committee)	gregated 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	Fund	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.	o 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.	o or more political
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number	
	3.	FEC ID number	
	1		

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Write or Type Committee Name		
Friends for Chri	is Stewart. Inc.	
	Organization, Affiliated Committee, Joint Fundraising Representative, or	Leadership PAC Sponsor
Chris Stewart Freedor	m Fund	
	610 S Boulevard	
Mailing Address		
	Tampa FL STATE	33606-2647 ZIP CODE
Relationship: Connected	d Organization Affiliated Committee Joint Fundraising Representative	e Leadership PAC Sponsor
Custodian of Records: Idea books and records.	ntify by name, address (phone number optional) and position of the person	on in possession of committee
	Nancy, H., ,	
Full Name	610 S. Boulevard	
Mailing Address		
	Tampa	33606-2647
Title or Position	CITY STATE	ZIP CODE
Custodian of Records	Telephone number 813	3369
. Treasurer: List the name an any designated agent (e.g.,	nd address (phone number optional) of the treasurer of the committee; an assistant treasurer).	nd the name and address of
	Nancy, H., ,	
of Treasurer	610 S. Boulevard	
Mailing Address		
	LTomas	122200 2047
	Tampa FL CITY STATE	33606-2647 _
Title or Position Treasurer	Telephone number	

Full Name of Designated Agent	Watkins, Robert, I., ,	
Mailing Address	610 S. Boulevard	
	Tampa FL 33606-2647	
Title or Position Assistant Treas		P CODE 4 3369
Banks or Other	r Depositories: List all banks or other depositories in which the committee deposits funds, holds a	accounts, rents
safety deposit bo		
safety deposit bo Name of Bank, I	oxes or maintains funds.	
	oxes or maintains funds.	
	Depository, etc. Wells Fargo Bank	
Name of Bank, I	Depository, etc. Wells Fargo Bank	
Name of Bank, I	Depository, etc. Wells Fargo Bank	
Name of Bank, I	Depository, etc. Wells Fargo Bank 420 Montgomery Street San Francisco CA 94104	P CODE
Name of Bank, I	Depository, etc. Wells Fargo Bank 420 Montgomery Street San Francisco CITY STATE ZI	
Name of Bank, I	Depository, etc. Wells Fargo Bank 420 Montgomery Street San Francisco CITY STATE ZI	
Name of Bank, I	Depository, etc. Wells Fargo Bank 420 Montgomery Street San Francisco CITY STATE ZI Depository, etc. The Bank of Tampa 601 Bayshore Blvd.	
Name of Bank, I	Depository, etc. Wells Fargo Bank 420 Montgomery Street San Francisco CITY STATE ZI Depository, etc. The Bank of Tampa 601 Bayshore Blvd.	
Name of Bank, I	Depository, etc. Wells Fargo Bank 420 Montgomery Street San Francisco CITY STATE ZI Depository, etc. The Bank of Tampa 601 Bayshore Blvd.	

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

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h). Joint Fundraisin	g Participant:			
1.			FEC ID number	C
2			FEC ID number	C
3.			FEC ID number	С
4.			FEC ID number	С
	Organization, Affiliated Comn		raising Representati	ve, or Leadership PAC Spor
Bergman Stewart	Walberg Victory Comn	nittee 		
<u> </u>				
	PO Box 30844			
Mailing Address				
	Bethesda		MD	20824-0844
Relationship:	CITY	A	STATE 4	ZIP CODE ▲
	d Organization Affiliated Convergence of Aff		t Fundraising Represer	tative Leadership PAC S
esignated Agent: Identify			t Fundraising Represer	tative Leadership PAC S
esignated Agent: Identify			t Fundraising Represer	tative Leadership PAC S
esignated Agent: Identify			t Fundraising Represer	
esignated Agent: Identify	by name, address (phone nur	mber - optional)		
esignated Agent: Identify	by name, address (phone nur	mber - optional)		
esignated Agent: Identify Full Name Mailing Address	by name, address (phone nur	mber – optional)		
esignated Agent: Identify Full Name Mailing Address	by name, address (phone nur	mber – optional)	STATE A	
Full Name Mailing Address TITLE OR POSITION	ries: List all banks or other dep	mber – optional)	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposito afety deposit boxes or mail	ries: List all banks or other dep	mber – optional)	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposito afety deposit boxes or ma	ries: List all banks or other dep	mber – optional)	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposito afety deposit boxes or ma	ries: List all banks or other dep	mber – optional)	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposito afety deposit boxes or material depository, etc.	ries: List all banks or other dep	mber – optional)	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposito aftety deposit boxes or material depository, etc.	ries: List all banks or other dep	mber – optional)	STATE A	ZIP CODE A