

# FEC FORM 3

# REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines

Friends of Jason Chaffetz

ADDRESS (number and street) 315 Westfield Circle

Check if different than previously reported. (ACC)

Alpine UT 84004

2. **FEC IDENTIFICATION NUMBER** C00431684

**CITY** **STATE** **ZIP CODE** **STATE** **DISTRICT**

3. IS THIS REPORT  NEW (N) OR  AMENDED (A)

UT 03

4. **TYPE OF REPORT** (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:

Primary (12P)  General (12G)  Runoff (12R)

Convention (12C)  Special (12S)

Election on [ ] [ ] [ ] in the State of [ ]

(c) 30-Day **POST**-Election Report for the:

General (30G)  Runoff (30R)  Special (30S)

Election on [ ] [ ] [ ] in the State of [ ]

5. Covering Period 01 01 2009 through 03 31 2009

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Corie Chan

Signature of Treasurer Electronically Filed by Corie Chan Date 04 07 2009

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name

Friends of Jason Chaffetz

Report Covering the Period:

From: 

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To: 

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	9

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e)).....	28560.00	28715.00
(b) Total Contribution Refunds (from Line 20(d)).....	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	28560.00	28715.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	28092.93	59301.05
(b) Total Offsets to Operating Expenditures (from Line 14).....	696.75	696.75
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	27396.18	58604.30
8. Cash on Hand at Close of Reporting Period (from Line 27).....	32678.43	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463  
Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE**  
of Receipts

Write or Type Committee Name  
Friends of Jason Chaffetz

Report Covering the Period: From: 

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To: 

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	9

**I. RECEIPTS**

**COLUMN A**  
Total This Period

**COLUMN B**  
Election Cycle-to-Date

11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than Political Committees

(i) Itemized (use Schedule A).....

7060.00

7215.00

(ii) Unitemized.....

0.00

0.00

(iii) TOTAL of contributions

7060.00

7215.00

from individuals..... ▶

0.00

0.00

(b) Political Party Committees.....

(c) Other Political Committees (such as PACS).....

21500.00

21500.00

(d) The Candidate.....

0.00

0.00

(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))

28560.00

28715.00

12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES.....

0.00

0.00

13. LOANS

(a) Made or Guaranteed by the Candidate.....

0.00

0.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS (add Lines 13(a) and (b)).....

0.00

0.00

14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.).....

696.75

696.75

15. OTHER RECEIPTS (Dividends, Interest, etc.).....

0.00

0.00

16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶

29256.75

29411.75

**DETAILED SUMMARY PAGE**  
of Disbursements

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
17. OPERATING EXPENDITURES.....	28092.93	59301.05
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of all Other Loans.....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees.....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS.....	2250.00	2250.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ▶	30342.93	61551.05

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	33764.61
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	29256.75
25. SUBTOTAL (add Line 23 and Line 24).....	63021.36
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	30342.93
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	32678.43

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 5 / 52  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
Friends of Jason Chaffetz

**A.** Full Name (Last, First, Middle Initial)  
Action Committee For Rural Electrificati  
Mailing Address 4301 Wilson Blvd

City State Zip Code  
Arlington VA 22203-1860

FEC ID number of contributing federal political committee. C C00002972

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼  
 Primary 2010

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 18 / 2009

**Transaction ID:** 90407.C1145

Amount of Each Receipt this Period  
1000.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Advanta Corp. Employees Fund  
Mailing Address P. O. Box 15555

City State Zip Code  
Wilmington DE 19850

FEC ID number of contributing federal political committee. C C00279604

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼  
 Primary 2010

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 30 / 2009

**Transaction ID:** 90407.C1154

Amount of Each Receipt this Period  
1000.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Alliant Techsytms Inc.  
Mailing Address Employee Citizenship Fund  
1300 Wilson Blvd, Ste 400

City State Zip Code  
Arlington VA 22209

FEC ID number of contributing federal political committee. C C00250209

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼  
 Primary 2010

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 24 / 2009

**Transaction ID:** 90407.C1146

Amount of Each Receipt this Period  
1000.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... 3000.00

**TOTAL** This Period (last page this line number only) .....

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 52  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Friends of Jason Chaffetz

**A.** Full Name (Last, First, Middle Initial)  
American Society Of Anesthesiologists PA  
Mailing Address 520 N. Northwest Hwy  
City Park Ridge State IL Zip Code 60068-2573  
FEC ID number of contributing federal political committee. **C** C00255752  
Name of Employer Occupation  
Receipt For: 2010  
 Primary  General  
 Other (specify) ▼  
Primary 2010 Election Cycle-to-Date ▼ 1000.00  
Date of Receipt 03 / 30 / 2009  
Transaction ID: 90407.C1151  
Amount of Each Receipt this Period 1000.00  
Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Arch PAC  
Mailing Address One City Place Dr  
City Saint Louis State MO Zip Code 63141  
FEC ID number of contributing federal political committee. **C** C00167668  
Name of Employer Occupation  
Receipt For: 2010  
 Primary  General  
 Other (specify) ▼  
Primary 2010 Election Cycle-to-Date ▼ 1000.00  
Date of Receipt 02 / 23 / 2009  
Transaction ID: 90407.C1132  
Amount of Each Receipt this Period 1000.00  
Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
AT & T Inc. Federal PAC  
Mailing Address 208 S. Akard St, Ste 3521  
City Dallas State TX Zip Code 75202  
FEC ID number of contributing federal political committee. **C** C00109017  
Name of Employer Occupation  
Receipt For: 2010  
 Primary  General  
 Other (specify) ▼  
Primary 2010 Election Cycle-to-Date ▼ 1000.00  
Date of Receipt 03 / 10 / 2009  
Transaction ID: 90407.C1135  
Amount of Each Receipt this Period 1000.00  
Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 3000.00  
**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3 )  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 52  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Friends of Jason Chaffetz

**A.** Full Name (Last, First, Middle Initial)  
Employees Of Northrop Grumman Corp PAC

Mailing Address 520 S. Grand Ave, Ste 700

City State Zip Code  
Los Angeles CA 90071

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼  
 Primary 2010

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 30 / 2009

**Transaction ID:** 90407.C1153

Amount of Each Receipt this Period  
1000.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Every Republican Is Crucial - ERIC PAC

Mailing Address 25 E. Main St, Ste 200

City State Zip Code  
Richmond VA 23219

FEC ID number of contributing federal political committee. **C** C00384701

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼  
 Primary 2010

Election Cycle-to-Date ▼ 2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 28 / 2009

**Transaction ID:** 90407.C1196

Amount of Each Receipt this Period  
2500.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Freshmen PAC

Mailing Address P. O. Box 1635

City State Zip Code  
Alexandria VA 22313

FEC ID number of contributing federal political committee. **C** C00383901

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼  
 Primary 2010

Election Cycle-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 02 / 27 / 2009

**Transaction ID:** 90407.C1133

Amount of Each Receipt this Period  
500.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **4000.00**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 52  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Friends of Jason Chaffetz

**A.** Full Name (Last, First, Middle Initial)  
Majority Committee PAC  
Mailing Address P. O. Box 10134

City State Zip Code  
Bakersfield CA 93389-0134

FEC ID number of contributing federal political committee. C C00428052

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼  
 Primary 2010

Election Cycle-to-Date ▼ 2000.00

Date of Receipt M M / D D / Y Y Y Y  
03 / 28 / 2009

**Transaction ID:** 90407.C1197

Amount of Each Receipt this Period 2000.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Microsoft Corporation PAC  
Mailing Address 16011 NE 36th Wy

City State Zip Code  
Redmond WA 98073-9717

FEC ID number of contributing federal political committee. C C00227546

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼  
 Primary 2010

Election Cycle-to-Date ▼ 1000.00

Date of Receipt M M / D D / Y Y Y Y  
03 / 30 / 2009

**Transaction ID:** 90407.C1172

Amount of Each Receipt this Period 1000.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Napus PAC For Postmasters  
Mailing Address 6 Herbert St

City State Zip Code  
Alexandria VA 22305-2600

FEC ID number of contributing federal political committee. C C00100404

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼  
 Primary 2010

Election Cycle-to-Date ▼ 1000.00

Date of Receipt M M / D D / Y Y Y Y  
03 / 30 / 2009

**Transaction ID:** 90407.C1155

Amount of Each Receipt this Period 1000.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... 4000.00

**TOTAL** This Period (last page this line number only) .....



**SCHEDULE A (FEC Form 3 )  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 52
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
Friends of Jason Chaffetz

<b>A.</b>	Full Name (Last, First, Middle Initial) National Beer Wholesalers Assn. PAC		Date of Receipt
	Mailing Address 1101 King St, Ste 600		<input type="text" value="03"/> / <input type="text" value="27"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Alexandria	VA	22314-2944
FEC ID number of contributing federal political committee.		<input type="text" value="C00144766"/>	Transaction ID: 90407.C1147
Name of Employer		Occupation	Amount of Each Receipt this Period
Receipt For: 2010		Election Cycle-to-Date ▼	<input type="text" value="2500.00"/>
<input type="checkbox"/> Primary <input type="checkbox"/> General			Receipt
<input checked="" type="checkbox"/> Other (specify) ▼ Primary 2010		<input type="text" value="2500.00"/>	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>B.</b>	Full Name (Last, First, Middle Initial) National Star Route Mail Contractors PAC		Date of Receipt
	Mailing Address 324 E. Capitol St, NE		<input type="text" value="03"/> / <input type="text" value="30"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Washington	DC	20003
FEC ID number of contributing federal political committee.		<input type="text" value="C00163311"/>	Transaction ID: 90407.C1150
Name of Employer		Occupation	Amount of Each Receipt this Period
Receipt For: 2010		Election Cycle-to-Date ▼	<input type="text" value="1000.00"/>
<input type="checkbox"/> Primary <input type="checkbox"/> General			Receipt
<input checked="" type="checkbox"/> Other (specify) ▼ Primary 2010		<input type="text" value="1000.00"/>	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>C.</b>	Full Name (Last, First, Middle Initial) NCPA PAC		Date of Receipt
	Mailing Address 100 Dangerfield Rd		<input type="text" value="03"/> / <input type="text" value="30"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Alexandria	VA	22314
FEC ID number of contributing federal political committee.		<input type="text" value="C00030809"/>	Transaction ID: 90407.C1148
Name of Employer		Occupation	Amount of Each Receipt this Period
Receipt For: 2010		Election Cycle-to-Date ▼	<input type="text" value="1000.00"/>
<input type="checkbox"/> Primary <input type="checkbox"/> General			Receipt
<input checked="" type="checkbox"/> Other (specify) ▼ Primary 2010		<input type="text" value="1000.00"/>	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="4500.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

**SCHEDULE A (FEC Form 3 )  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 10 / 52
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 11d	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Friends of Jason Chaffetz

**A.**

Full Name (Last, First, Middle Initial) The Home Depot Inc. PAC		Date of Receipt MM / DD / YYYY 03 / 28 / 2009
Mailing Address 101 Constitution Ave, NW, Ste 800W		Transaction ID: 90407.C1194
City Washington	State DC	Zip Code 20001
FEC ID number of contributing federal political committee. <b>C</b> C00284885		Amount of Each Receipt this Period 2000.00
Name of Employer	Occupation	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Primary 2010	Election Cycle-to-Date 2000.00	

**B.**

Full Name (Last, First, Middle Initial) Union Pacific Corp. Fund For Effectv Govt		Date of Receipt MM / DD / YYYY 03 / 30 / 2009
Mailing Address 600 13th St, NW, Ste 340		Transaction ID: 90407.C1152
City Washington	State DC	Zip Code 20005
FEC ID number of contributing federal political committee. <b>C</b> C00010470		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Primary 2010	Election Cycle-to-Date 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	3000.00
<b>TOTAL</b> This Period (last page this line number only) .....	21500.00

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 52  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Friends of Jason Chaffetz

**A.** Full Name (Last, First, Middle Initial)  
Scott Allen

Mailing Address 1807 N. Skyline

City State Zip Code  
Orem UT 84097

FEC ID number of contributing federal political committee. **C**

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼  
 Primary 2010

Election Cycle-to-Date ▼ 100.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 31 / 2009

**Transaction ID:** 90407.C1174

Amount of Each Receipt this Period  
100.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Sheryl Slade Anderson

Mailing Address 793 Orchard Dr

City State Zip Code  
Pleasant Grove UT 84062-3708

FEC ID number of contributing federal political committee. **C**

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼  
 Primary 2010

Election Cycle-to-Date ▼ 20.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 31 / 2009

**Transaction ID:** 90407.C1175

Amount of Each Receipt this Period  
20.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Joyce Angus

Mailing Address 1318 S. Avalon Dr

City State Zip Code  
Springville UT 84663

FEC ID number of contributing federal political committee. **C**

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼  
 Primary 2010

Election Cycle-to-Date ▼ 50.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 31 / 2009

**Transaction ID:** 90407.C1173

Amount of Each Receipt this Period  
50.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **170.00**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 52  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Friends of Jason Chaffetz

**A.** Full Name (Last, First, Middle Initial)  
Doran L. Barton

Mailing Address 4856 Cedar Point Peak Dr

City Riverton State UT Zip Code 84065

FEC ID number of contributing federal political committee. **C**

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼  
 Primary 2010

Election Cycle-to-Date ▼ 100.00

Date of Receipt: 03 / 30 / 2009  
**Transaction ID:** 90407.C1159  
 Amount of Each Receipt this Period: 100.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Judy Bills

Mailing Address 209 W. Utah Ave

City Payson State UT Zip Code 84651

FEC ID number of contributing federal political committee. **C**

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼  
 Primary 2010

Election Cycle-to-Date ▼ 100.00

Date of Receipt: 03 / 31 / 2009  
**Transaction ID:** 90407.C1176  
 Amount of Each Receipt this Period: 100.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Jeff Bruning

Mailing Address 945 East 110 South

City Lindon State UT Zip Code 84042

FEC ID number of contributing federal political committee. **C**

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼  
 Primary 2010

Election Cycle-to-Date ▼ 20.00

Date of Receipt: 03 / 31 / 2009  
**Transaction ID:** 90407.C1177  
 Amount of Each Receipt this Period: 20.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **220.00**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 52  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
			<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Friends of Jason Chaffetz

**A.**

Full Name (Last, First, Middle Initial)  
Kenneth D. Buu

Mailing Address 3429 Maryann St

City State Zip Code  
La Crescenta CA 91214

FEC ID number of contributing federal political committee. **C**

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼  
 Primary 2010

Election Cycle-to-Date ▼ 10.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 31 / 2009

**Transaction ID:** 90407.C1180

Amount of Each Receipt this Period  
10.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.**

Full Name (Last, First, Middle Initial)  
Justin Clark

Mailing Address 636 Long Shadow Ln

City State Zip Code  
Draper UT 84020

FEC ID number of contributing federal political committee. **C**

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼  
 Primary 2010

Election Cycle-to-Date ▼ 20.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 30 / 2009

**Transaction ID:** 90407.C1157

Amount of Each Receipt this Period  
20.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.**

Full Name (Last, First, Middle Initial)  
Lauri R. Clark

Mailing Address HC 13 Box 3071

City State Zip Code  
Chester UT 84623-5000

FEC ID number of contributing federal political committee. **C**

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼  
 Primary 2010

Election Cycle-to-Date ▼ 50.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 31 / 2009

**Transaction ID:** 90407.C1178

Amount of Each Receipt this Period  
50.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **80.00**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 52
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
Friends of Jason Chaffetz

<b>A.</b>	Full Name (Last, First, Middle Initial) Kurtis Constantine		Date of Receipt MM / DD / YYYY 03 / 31 / 2009
	Mailing Address 13714 Premier Ln		<b>Transaction ID:</b> 90407.C1179
	City State Zip Code Herriman UT 84096-1737	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 100.00
	Name of Employer Information Requested Receipt For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Primary 2010	Occupation Information Requested Election Cycle-to-Date 100.00	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>B.</b>	Full Name (Last, First, Middle Initial) Fred C. Cox		Date of Receipt MM / DD / YYYY 03 / 30 / 2009
	Mailing Address 4466 Early Duke St		<b>Transaction ID:</b> 90407.C1160
	City State Zip Code Salt Lake City UT 84120	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 25.00
	Name of Employer Information Requested Receipt For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Primary 2010	Occupation Information Requested Election Cycle-to-Date 25.00	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>C.</b>	Full Name (Last, First, Middle Initial) Marco H. Diaz		Date of Receipt MM / DD / YYYY 03 / 30 / 2009
	Mailing Address 9425 S. Riverside Dr		<b>Transaction ID:</b> 90407.C1161
	City State Zip Code Sandy UT 84070-0179	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 100.00
	Name of Employer Information Requested Receipt For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Primary 2010	Occupation Information Requested Election Cycle-to-Date 100.00	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	225.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 52  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
			<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Friends of Jason Chaffetz

**A.**

Full Name (Last, First, Middle Initial)  
Craig A. Frank

Mailing Address 825 East 1300 North

City Pleasant Grove State UT Zip Code 84062

FEC ID number of contributing federal political committee. **C**

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼  
 Primary 2010

Election Cycle-to-Date ▼ 50.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 0 3 / 3 1 / 2 0 0 9

**Transaction ID:** 90407.C1181

Amount of Each Receipt this Period  
50.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.**

Full Name (Last, First, Middle Initial)  
Matthew Hailstone

Mailing Address 1023 West 500 North

City Pleasant Grove State UT Zip Code 84062

FEC ID number of contributing federal political committee. **C**

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼  
 Primary 2010

Election Cycle-to-Date ▼ 5.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 0 3 / 3 1 / 2 0 0 9

**Transaction ID:** 90407.C1182

Amount of Each Receipt this Period  
5.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.**

Full Name (Last, First, Middle Initial)  
Troy S. Hooton

Mailing Address 5298 Lewiston Peak Cir

City Riverton State UT Zip Code 84065-6457

FEC ID number of contributing federal political committee. **C**

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼  
 Primary 2010

Election Cycle-to-Date ▼ 200.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 0 3 / 3 0 / 2 0 0 9

**Transaction ID:** 90407.C1162

Amount of Each Receipt this Period  
200.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **255.00**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 52  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Friends of Jason Chaffetz

**A.** Full Name (Last, First, Middle Initial)  
Cathy Hulse

Mailing Address 355 East 110 South

City State Zip Code  
Mapleton UT 84664

FEC ID number of contributing federal political committee. **C**

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼  
 Primary 2010

Election Cycle-to-Date ▼ 100.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 3 / 3 1 / 2 0 0 9

**Transaction ID:** 90407.C1185

Amount of Each Receipt this Period  
100.00

Reattribution Memo  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)  
**[MEMO ITEM]**  
 REATTRIBUTION FROM SPOUSE

**B.** Full Name (Last, First, Middle Initial)  
Jeremy Hulse

Mailing Address 248 South 550 West, Ste 11

City State Zip Code  
Springville UT 84663

FEC ID number of contributing federal political committee. **C**

Name of Employer Information Requested Occupation Information Requested  
Everest Administrators Executive

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼  
 Primary 2010

Election Cycle-to-Date ▼ 20.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 3 / 3 0 / 2 0 0 9

**Transaction ID:** 90407.C1171

Amount of Each Receipt this Period  
20.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Rodney Hulse

Mailing Address 355 East 1100 South

City State Zip Code  
Mapleton UT 84664

FEC ID number of contributing federal political committee. **C**

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼  
 Primary 2010

Election Cycle-to-Date ▼ 200.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 3 / 3 1 / 2 0 0 9

**Transaction ID:** 90407.C1183

Amount of Each Receipt this Period  
200.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **220.00**

**TOTAL** This Period (last page this line number only) ..... ►



# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 52  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Friends of Jason Chaffetz

**A.** Full Name (Last, First, Middle Initial)  
Rodney Hulse

Mailing Address 355 East 1100 South

City State Zip Code  
Mapleton UT 84664

FEC ID number of contributing federal political committee. **C**

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼  
 Primary 2010

Election Cycle-to-Date ▼ 100.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 3 / 3 1 / 2 0 0 9

Transaction ID: 90407.C1184

Amount of Each Receipt this Period  
-100.00

Reattribution Memo  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)  
**[MEMO ITEM]**  
 REATTRIBUTION TO SPOUSE

**B.** Full Name (Last, First, Middle Initial)  
Don Ipson

Mailing Address 539 Diagonal St

City State Zip Code  
Saint George UT 84770-5632

FEC ID number of contributing federal political committee. **C**

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼  
 Primary 2010

Election Cycle-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 2 / 2 0 / 2 0 0 9

Transaction ID: 90223.C1128

Amount of Each Receipt this Period  
500.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Richard Kemp

Mailing Address 9258 S. Tanya Ave

City State Zip Code  
West Jordan UT 84088

FEC ID number of contributing federal political committee. **C**

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼  
 Primary 2010

Election Cycle-to-Date ▼ 20.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 3 / 3 0 / 2 0 0 9

Transaction ID: 90407.C1158

Amount of Each Receipt this Period  
20.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **520.00**

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3 )  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: <input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d (check only one) <input checked="" type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	PAGE 18 / 52
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NAME OF COMMITTEE (In Full)  
Friends of Jason Chaffetz

<b>A.</b>	Full Name (Last, First, Middle Initial) Tom Kerr	Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 2 3 / 2 0 0 9
	Mailing Address 9262 Vista West Dr	<b>Transaction ID:</b> 90407.C1138
	City State Zip Code West Jordan UT 84088	Amount of Each Receipt this Period 10.00
	FEC ID number of contributing federal political committee. <b>C</b>	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Information Requested	Occupation Information Requested	
Receipt For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Primary 2010	Election Cycle-to-Date ▼ 10.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Tom Kerr	Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 3 0 / 2 0 0 9
	Mailing Address 9262 Vista West Dr	<b>Transaction ID:</b> 90407.C1163
	City State Zip Code West Jordan UT 84088	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. <b>C</b>	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Information Requested	Occupation Information Requested	
Receipt For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Primary 2010	Election Cycle-to-Date ▼ 35.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) James L. Leigh	Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 3 1 / 2 0 0 9
	Mailing Address 5083 W. Elma St	<b>Transaction ID:</b> 90407.C1186
	City State Zip Code Salt Lake City UT 84120	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. <b>C</b>	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Information Requested	Occupation Information Requested	
Receipt For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Primary 2010	Election Cycle-to-Date ▼ 50.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>85.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	



# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 52
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Friends of Jason Chaffetz

<b>A.</b>	Full Name (Last, First, Middle Initial) John Melonas	Date of Receipt MM / DD / YYYY 03 / 31 / 2009
	Mailing Address 1523 South 200 East	<b>Transaction ID:</b> 90407.C1189
	City State Zip Code Orem UT 84058	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Information Requested Receipt For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Primary 2010	Occupation Information Requested Election Cycle-to-Date 50.00

<b>B.</b>	Full Name (Last, First, Middle Initial) Elizabeth A. Mills	Date of Receipt MM / DD / YYYY 03 / 30 / 2009
	Mailing Address 2666 Longmeadow Dr	<b>Transaction ID:</b> 90407.C1165
	City State Zip Code West Jordan UT 84084	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Information Requested Receipt For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Primary 2010	Occupation Information Requested Election Cycle-to-Date 100.00

<b>C.</b>	Full Name (Last, First, Middle Initial) Bert D. Miner	Date of Receipt MM / DD / YYYY 03 / 31 / 2009
	Mailing Address 290 South 200 West	<b>Transaction ID:</b> 90407.C1188
	City State Zip Code Springville UT 84663	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Information Requested Receipt For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Primary 2010	Occupation Information Requested Election Cycle-to-Date 100.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	250.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 52  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Friends of Jason Chaffetz

**A.** Full Name (Last, First, Middle Initial)  
Doyle Mortimer

Mailing Address 719 East 660 North

City State Zip Code  
Orem UT 84097

FEC ID number of contributing federal political committee. **C**

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼  
 Primary 2010

Election Cycle-to-Date ▼ 25.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 0 3 / 2 3 / 2 0 0 9

**Transaction ID:** 90407.C1137

Amount of Each Receipt this Period  
25.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Teri Nine

Mailing Address 2000 Roundrock Trl

City State Zip Code  
Plano TX 75075

FEC ID number of contributing federal political committee. **C**

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼  
 Primary 2010

Election Cycle-to-Date ▼ 20.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 0 3 / 2 3 / 2 0 0 9

**Transaction ID:** 90407.C1139

Amount of Each Receipt this Period  
20.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Jack ORourke

Mailing Address 11028 Stanmore Dr

City State Zip Code  
Potomac MD 20854

FEC ID number of contributing federal political committee. **C**

Name of Employer Information Requested Occupation Information Requested  
Law Offices of John ORourke Attorney at Law

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼  
 Primary 2010

Election Cycle-to-Date ▼ 30.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 0 2 / 0 9 / 2 0 0 9

**Transaction ID:** 90223.C1127

Amount of Each Receipt this Period  
30.00

In-Kind  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

Fundraising expense

**SUBTOTAL** of Receipts This Page (optional) ..... ► **75.00**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 52  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Friends of Jason Chaffetz

**A.** Full Name (Last, First, Middle Initial)  
Evelyn K. Oberg

Mailing Address 1592 Heather Downs Dr

City State Zip Code  
South Jordan UT 84095

FEC ID number of contributing federal political committee. **C**

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼  
 Primary 2010

Election Cycle-to-Date ▼ 100.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 30 / 2009

**Transaction ID:** 90407.C1166

Amount of Each Receipt this Period  
100.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Douglas Pincock

Mailing Address 7859 Abercrombie Ln

City State Zip Code  
West Jordan UT 84088

FEC ID number of contributing federal political committee. **C**

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼  
 Primary 2010

Election Cycle-to-Date ▼ 25.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 30 / 2009

**Transaction ID:** 90407.C1167

Amount of Each Receipt this Period  
25.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Matt Preston

Mailing Address 4488 W. Carriage Ln

City State Zip Code  
Pleasant Grove UT 84062

FEC ID number of contributing federal political committee. **C**

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼  
 Primary 2010

Election Cycle-to-Date ▼ 100.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 23 / 2009

**Transaction ID:** 90407.C1141

Amount of Each Receipt this Period  
100.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **225.00**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 / 52
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Friends of Jason Chaffetz

<b>A.</b>	Full Name (Last, First, Middle Initial) Scott Query	Date of Receipt MM / DD / YYYY 03 / 30 / 2009
	Mailing Address 9788 Woodridge Dr	<b>Transaction ID:</b> 90407.C1169
	City State Zip Code South Jordan UT 84095	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. <b>C</b>	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Information Requested	Occupation Information Requested	
Receipt For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Primary 2010	Election Cycle-to-Date ▼ 25.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Randy Rasmussen	Date of Receipt MM / DD / YYYY 03 / 30 / 2009
	Mailing Address 7342 Swan Hill Dr	<b>Transaction ID:</b> 90407.C1156
	City State Zip Code West Jordan UT 84084	Amount of Each Receipt this Period 5.00
	FEC ID number of contributing federal political committee. <b>C</b>	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Information Requested	Occupation Information Requested	
Receipt For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Primary 2010	Election Cycle-to-Date ▼ 5.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Norman M. Ryan	Date of Receipt MM / DD / YYYY 03 / 28 / 2009
	Mailing Address 1018 Neosho Dr	<b>Transaction ID:</b> 90407.C1195
	City State Zip Code Forked River NJ 08731	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. <b>C</b>	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer N/A	Occupation Retired	
Receipt For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Primary 2010	Election Cycle-to-Date ▼ 100.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	80.00
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE A (FEC Form 3 )  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 / 52
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Friends of Jason Chaffetz

<b>A.</b>	Full Name (Last, First, Middle Initial) Scott H. Schulze		Date of Receipt
	Mailing Address 10167 Miner Dr		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 03 / 30 / 2009
	City	State	Zip Code
	South Jordan	UT	84095-2422
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: 90407.C1170
Name of Employer Information Requested		Occupation Information Requested	Amount of Each Receipt this Period
Receipt For: 2010		Election Cycle-to-Date ▼	<input type="text"/> 50.00
<input type="checkbox"/> Primary <input type="checkbox"/> General			Receipt
<input checked="" type="checkbox"/> Other (specify) ▼ Primary 2010			<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>B.</b>	Full Name (Last, First, Middle Initial) Elona K. Shelley		Date of Receipt
	Mailing Address 561 North 1080 East		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 03 / 31 / 2009
	City	State	Zip Code
	Orem	UT	84097
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: 90407.C1190
Name of Employer Information Requested		Occupation Information Requested	Amount of Each Receipt this Period
Receipt For: 2010		Election Cycle-to-Date ▼	<input type="text"/> 25.00
<input type="checkbox"/> Primary <input type="checkbox"/> General			Receipt
<input checked="" type="checkbox"/> Other (specify) ▼ Primary 2010			<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>C.</b>	Full Name (Last, First, Middle Initial) William Simmons		Date of Receipt
	Mailing Address 3345 North Utah St		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 03 / 24 / 2009
	City	State	Zip Code
	Arlington	VA	22207
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: 90407.C1143
Name of Employer Information Requested		Occupation Information Requested	Amount of Each Receipt this Period
Receipt For: 2010		Election Cycle-to-Date ▼	<input type="text"/> 1000.00
<input type="checkbox"/> Primary <input type="checkbox"/> General			Receipt
<input checked="" type="checkbox"/> Other (specify) ▼ Primary 2010			<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 1075.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>



# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 / 52  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Friends of Jason Chaffetz

**A.** Full Name (Last, First, Middle Initial)  
James E. Slade  
Mailing Address 134 West 725 North  
City Lindon State UT Zip Code 84042  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Utah National Guard Occupation Officer  
Receipt For: 2010 Election Cycle-to-Date  
 Primary  General  
 Other (specify) Primary 2010  
50.00  
Date of Receipt 03 / 31 / 2009  
Transaction ID: 90407.C1191  
Amount of Each Receipt this Period 50.00  
Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Spencer F. Stokes  
Mailing Address 4259 Skyline Dr  
City Ogden State UT Zip Code 84403  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Stokes Strategies Occupation Government Relations  
Receipt For: 2010 Election Cycle-to-Date  
 Primary  General  
 Other (specify) Primary 2010  
2300.00  
Date of Receipt 02 / 20 / 2009  
Transaction ID: 90223.C1129  
Amount of Each Receipt this Period 2300.00  
Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Marlene Wise  
Mailing Address 1002 Woodland Wy  
City Richardson State TX Zip Code 75080  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Information Requested Occupation Information Requested  
Receipt For: 2010 Election Cycle-to-Date  
 Primary  General  
 Other (specify) Primary 2010  
100.00  
Date of Receipt 03 / 23 / 2009  
Transaction ID: 90407.C1142  
Amount of Each Receipt this Period 100.00  
Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... **2450.00**  
**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3 )  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 26 / 52
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 11d	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Friends of Jason Chaffetz

**A.**

Full Name (Last, First, Middle Initial) Gary Wood		Date of Receipt MM / DD / YYYY 03 / 23 / 2009
Mailing Address 2491 W. Ott Dr		<b>Transaction ID:</b> 90407.C1140
City Salt Lake City	State UT	Zip Code 84118
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer Information Requested	Occupation Information Requested	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Primary 2010	Election Cycle-to-Date 25.00	

**B.**

Full Name (Last, First, Middle Initial) Ronald J. Zeidner		Date of Receipt MM / DD / YYYY 02 / 20 / 2009
Mailing Address 1346 Hanna Ct		<b>Transaction ID:</b> 90223.C1130
City Draper	State UT	Zip Code 84020-8507
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer 1-800 Contacts	Occupation General Counsel	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Primary 2010	Election Cycle-to-Date 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1025.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>7060.00</b>

**SCHEDULE A (FEC Form 3 )  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 / 52
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input checked="" type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
Friends of Jason Chaffetz

<b>A.</b>	Full Name (Last, First, Middle Initial) Citadel Broadcasting		Date of Receipt MM / DD / YYYY 01 / 06 / 2009
	Mailing Address 434 Bearcat Drive		Transaction ID: 90114.C1125
	City Salt Lake City	State UT	Zip Code 84115-
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 46.75
	Name of Employer	Occupation	Offsets to Operating Expenditure <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Primary 2010		Election Cycle-to-Date 46.75	Note: Refund overpayment

<b>B.</b>	Full Name (Last, First, Middle Initial) Kellie Nelson		Date of Receipt MM / DD / YYYY 03 / 06 / 2009
	Mailing Address 513 South 470 West		Transaction ID: 90407.C1134
	City Spanish Fork	State UT	Zip Code 84660-
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 650.00
	Name of Employer	Occupation	Offsets to Operating Expenditure <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Primary 2010		Election Cycle-to-Date 650.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	696.75
<b>TOTAL</b> This Period (last page this line number only) .....	▶	696.75

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	19b
<input type="checkbox"/>	20a	<input type="checkbox"/>	20b	<input type="checkbox"/>	20c	<input type="checkbox"/>	21

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NAME OF COMMITTEE (In Full)  
Friends of Jason Chaffetz

<b>A.</b>	Full Name (Last, First, Middle Initial) Aipac  Mailing Address Attn: Rachel Kiehl 251 H Street, NW  City Washington State DC Zip Code 20001-  Purpose of Disbursement Reimbursement for dinner meeting Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 90407.E468 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 3 1 / 2 0 0 9  Amount of Each Disbursement this Period 120.09  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  <b>REIMBURSEMENT FOR DINNER MEETING</b>
<b>B.</b>	Full Name (Last, First, Middle Initial) Jason Chaffetz  Mailing Address 315 Westfield Cir  City Alpine State UT Zip Code 84004-1594  Purpose of Disbursement Reimbursement see below Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 90407.E408 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 1 / 0 5 / 2 0 0 9  Amount of Each Disbursement this Period 1216.44  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  <b>REIMBURSEMENT SEE BELOW</b>
<b>C.</b>	Full Name (Last, First, Middle Initial) Delta Airlines  Mailing Address via internet  City State Zip Code  Purpose of Disbursement Travel Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 90407.E443 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 2 / 2 8 / 2 0 0 8  Amount of Each Disbursement this Period 79.50  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  <b>[MEMO ITEM]</b> <b>MEMO: TRAVEL</b>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>1336.53</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Friends of Jason Chaffetz

<p><b>A.</b> Full Name (Last, First, Middle Initial) Highland Hideaway</p> <p>Mailing Address 11251 N Sunset Dr.</p> <p>City American Fork State UT Zip Code 84003-</p> <p>Purpose of Disbursement Storage rental</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 90407.E445 <b>Date of Disbursement</b> 01 / 01 / 2009</p> <p>Amount of Each Disbursement this Period 85.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b> MEMO: STORAGE RENTAL</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) T-Mobile</p> <p>Mailing Address P.O. Box 660252</p> <p>City Dallas State TX Zip Code 75266-0252</p> <p>Purpose of Disbursement Cell phone</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 90407.E447 <b>Date of Disbursement</b> 01 / 05 / 2009</p> <p>Amount of Each Disbursement this Period 50.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b> MEMO: CELL PHONE</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) T-Mobile</p> <p>Mailing Address P.O. Box 660252</p> <p>City Dallas State TX Zip Code 75266-0252</p> <p>Purpose of Disbursement Cell phone</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 90407.E446 <b>Date of Disbursement</b> 01 / 02 / 2009</p> <p>Amount of Each Disbursement this Period 261.21</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b> MEMO: CELL PHONE</p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

0.00

**TOTAL** This Period (last page this line number only) ..... ▶

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Friends of Jason Chaffetz

A.	Full Name (Last, First, Middle Initial) Jason Chaffetz	Transaction ID: 90407.E409 Date of Disbursement 01 / 13 / 2009
	Mailing Address 315 Westfield Cir	Amount of Each Disbursement this Period 1264.56
	City Alpine State UT Zip Code 84004-1594	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Reimbursement see below	REIMBURSEMENT SEE BELOW
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) Delta Airlines	Transaction ID: 90407.E450 Date of Disbursement 01 / 06 / 2009
	Mailing Address via internet	Amount of Each Disbursement this Period 60.00
	City State Zip Code	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Travel	[MEMO ITEM] MEMO: TRAVEL
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) Renaissance M Street Hotel	Transaction ID: 90407.E449 Date of Disbursement 01 / 06 / 2009
	Mailing Address 1143 New Hampshire N	Amount of Each Disbursement this Period 358.00
	City Washington State DC Zip Code 20037-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Travel	[MEMO ITEM] MEMO: TRAVEL
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	1264.56
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	19b
<input type="checkbox"/>	20a	<input type="checkbox"/>	20b	<input type="checkbox"/>	20c	<input type="checkbox"/>	21

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NAME OF COMMITTEE (In Full)  
Friends of Jason Chaffetz

A.

Full Name (Last, First, Middle Initial)  
Renaissance M Street Hotel

Mailing Address 1143 New Hampshire N

City Washington State DC Zip Code 20037-

Purpose of Disbursement  
Travel

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Transaction ID: 90407.E448  
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	6		2	0	9	

Amount of Each Disbursement this Period

358.00
--------

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

**[MEMO ITEM]**  
MEMO: TRAVEL

B.

Full Name (Last, First, Middle Initial)  
Jason Chaffetz

Mailing Address 315 Westfield Cir

City Alpine State UT Zip Code 84004-1594

Purpose of Disbursement  
Reimbursement see below

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Transaction ID: 90407.E410  
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	7		2	0	9	

Amount of Each Disbursement this Period

777.44
--------

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

REIMBURSEMENT SEE BELOW

C.

Full Name (Last, First, Middle Initial)  
Delta Airlines

Mailing Address via internet

City State Zip Code

Purpose of Disbursement  
Travel

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Transaction ID: 90407.E452  
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	2		2	0	9	

Amount of Each Disbursement this Period

409.20
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Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

**[MEMO ITEM]**  
MEMO: TRAVEL

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

777.44
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**TOTAL** This Period (last page this line number only) ..... ▶

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# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Friends of Jason Chaffetz

<p><b>A.</b> Full Name (Last, First, Middle Initial) Qwest Communications</p> <p>Mailing Address PO Box 29040</p> <p>City Phoenix State AZ Zip Code 85038-9040</p> <p>Purpose of Disbursement Phone Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 90407.E451 <b>Date of Disbursement</b> 01 / 24 / 2009</p> <p>Amount of Each Disbursement this Period 50.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b> MEMO: PHONE</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Jason Chaffetz</p> <p>Mailing Address 315 Westfield Cir</p> <p>City Alpine State UT Zip Code 84004-1594</p> <p>Purpose of Disbursement Reimbursement see below Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 90407.E411 <b>Date of Disbursement</b> 02 / 05 / 2009</p> <p>Amount of Each Disbursement this Period 2516.28</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>REIMBURSEMENT SEE BELOW</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Capitol Hill Suites</p> <p>Mailing Address 200 C Street, SE</p> <p>City Washington State DC Zip Code 20003-</p> <p>Purpose of Disbursement Travel Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 90407.E456 <b>Date of Disbursement</b> 01 / 28 / 2009</p> <p>Amount of Each Disbursement this Period 239.31</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b> MEMO: TRAVEL</p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

2516.28

**TOTAL** This Period (last page this line number only) ..... ▶



# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	19b
<input type="checkbox"/>	20a	<input type="checkbox"/>	20b	<input type="checkbox"/>	20c	<input type="checkbox"/>	21

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NAME OF COMMITTEE (In Full)  
Friends of Jason Chaffetz

<b>A.</b>	Full Name (Last, First, Middle Initial) Highland Hideaway Mailing Address 11251 N Sunset Dr. City American Fork State UT Zip Code 84003- Purpose of Disbursement Storage rental Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 90407.E455 Date of Disbursement 02 / 01 / 2009 Amount of Each Disbursement this Period 85.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> MEMO: STORAGE RENTAL
<b>B.</b>	Full Name (Last, First, Middle Initial) Hyatt Regency on Capitol Hill Mailing Address 400 New Jersey Avenue, NW City Washington State DC Zip Code 20001- Purpose of Disbursement Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 90407.E454 Date of Disbursement 02 / 01 / 2009 Amount of Each Disbursement this Period 182.06 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> MEMO: TRAVEL
<b>C.</b>	Full Name (Last, First, Middle Initial) The Congressional Institute Mailing Address 1001 North Fairfax Street, Suite 4 City Alexandria State VA Zip Code 22314-1927 Purpose of Disbursement Registration for event Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 90407.E453 Date of Disbursement 01 / 29 / 2009 Amount of Each Disbursement this Period 1658.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> MEMO: REGISTRATION FOR EV-ENT

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Friends of Jason Chaffetz

<p><b>A.</b> Full Name (Last, First, Middle Initial) Jason Chaffetz</p> <p>Mailing Address 315 Westfield Cir</p> <p>City Alpine State UT Zip Code 84004-1594</p> <p>Purpose of Disbursement Reimbursement see below</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 90407.E412</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="501.05"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>REIMBURSEMENT SEE BELOW</b></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Accurate Word</p> <p>Mailing Address 4481 White Plains Lane</p> <p>City White Plains State MD Zip Code 20695-</p> <p>Purpose of Disbursement Letterhead and envelopes</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 90407.E459</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="501.05"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b> MEMO: LETTERHEAD AND ENVELOPES</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Jason Chaffetz</p> <p>Mailing Address 315 Westfield Cir</p> <p>City Alpine State UT Zip Code 84004-1594</p> <p>Purpose of Disbursement Reimbursement see below</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 90407.E413</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="489.66"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>REIMBURSEMENT SEE BELOW</b></p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

**990.71**

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	19b
<input type="checkbox"/>	20a	<input type="checkbox"/>	20b	<input type="checkbox"/>	20c	<input type="checkbox"/>	21

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NAME OF COMMITTEE (In Full)  
Friends of Jason Chaffetz

A.	Full Name (Last, First, Middle Initial) Qwest Communications	Transaction ID: 90407.E460 Date of Disbursement 02 / 24 / 2009
	Mailing Address PO Box 29040	Amount of Each Disbursement this Period 50.00
	City Phoenix State AZ Zip Code 85038-9040	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Phone	<b>[MEMO ITEM]</b> MEMO: PHONE
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) T-Mobile	Transaction ID: 90407.E461 Date of Disbursement 02 / 20 / 2009
	Mailing Address P.O. Box 660252	Amount of Each Disbursement this Period 75.00
	City Dallas State TX Zip Code 75266-0252	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Cell phone	<b>[MEMO ITEM]</b> MEMO: CELL PHONE
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Jason Chaffetz	Transaction ID: 90407.E414 Date of Disbursement 03 / 17 / 2009
	Mailing Address 315 Westfield Cir	Amount of Each Disbursement this Period 1332.92
	City Alpine State UT Zip Code 84004-1594	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Reimbursement see below	REIMBURSEMENT SEE BELOW
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	1332.92
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Friends of Jason Chaffetz

A.	Full Name (Last, First, Middle Initial) Capitol Hill Club	Transaction ID: 90407.E463 Date of Disbursement 03 / 11 / 2009
	Mailing Address 300 First Street, SE	Amount of Each Disbursement this Period 182.70
	City Washington State DC Zip Code 20003-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Meet and greet	<b>[MEMO ITEM]</b> MEMO: MEET AND GREET
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Nicole Owens	Transaction ID: 90407.E464 Date of Disbursement 02 / 01 / 2009
	Mailing Address	Amount of Each Disbursement this Period 525.00
	City State Zip Code	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Childcare services during spouse tr	<b>[MEMO ITEM]</b> MEMO: CHILDCARE SERVICES DURING SPOUSE TR
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Qwest Communications	Transaction ID: 90407.E465 Date of Disbursement 03 / 04 / 2009
	Mailing Address PO Box 29040	Amount of Each Disbursement this Period 75.00
	City Phoenix State AZ Zip Code 85038-9040	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Phone	<b>[MEMO ITEM]</b> MEMO: PHONE
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Friends of Jason Chaffetz

A.	Full Name (Last, First, Middle Initial) T-Mobile	Transaction ID: 90407.E467 Date of Disbursement 03 / 01 / 2009
	Mailing Address P.O. Box 660252	Amount of Each Disbursement this Period 354.06
	City Dallas State TX Zip Code 75266-0252	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Cell phone	<b>[MEMO ITEM]</b> MEMO: CELL PHONE
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Verizon Wireless	Transaction ID: 90407.E466 Date of Disbursement 03 / 07 / 2009
	Mailing Address PO Box 9622	Amount of Each Disbursement this Period 118.00
	City Mission Hills State CA Zip Code 91346-9622	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Cell phone	<b>[MEMO ITEM]</b> MEMO: CELL PHONE
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Darren Gygi	Transaction ID: 90407.E402 Date of Disbursement 02 / 19 / 2009
	Mailing Address 838 East 820 South	Amount of Each Disbursement this Period 300.00
	City Pleasant Grove State UT Zip Code 84062-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Design for event mailer	DESIGN FOR EVENT MAILER
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>300.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Friends of Jason Chaffetz

A.	Full Name (Last, First, Middle Initial) Justin Harding  Mailing Address 2723 McGuffey Ct  City Woodbridge State VA Zip Code 22191-  Purpose of Disbursement Reimbursement see below Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 90407.E417 Date of Disbursement 02 / 23 / 2009  Amount of Each Disbursement this Period 876.04  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  REIMBURSEMENT SEE BELOW
B.	Full Name (Last, First, Middle Initial) Delta Airlines  Mailing Address via internet  City State Zip Code  Purpose of Disbursement Travel Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 90407.E462 Date of Disbursement 02 / 05 / 2009  Amount of Each Disbursement this Period 470.00  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  <b>[MEMO ITEM]</b> MEMO: TRAVEL
C.	Full Name (Last, First, Middle Initial) Deidre Henderson  Mailing Address 462 West Rivercross Rd  City Spanish Fork State UT Zip Code 84660-  Purpose of Disbursement Reimbursement see below Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 90407.E403 Date of Disbursement 01 / 29 / 2009  Amount of Each Disbursement this Period 718.19  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  REIMBURSEMENT SEE BELOW

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1594.23
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	19b
<input type="checkbox"/>	20a	<input type="checkbox"/>	20b	<input type="checkbox"/>	20c	<input type="checkbox"/>	21

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NAME OF COMMITTEE (In Full)  
Friends of Jason Chaffetz

<b>A.</b> Full Name (Last, First, Middle Initial) At&t Mailing Address via internet City State Zip Code Purpose of Disbursement Cell phone Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 90407.E439 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 1 / 2 0 0 9
	Amount of Each Disbursement this Period 291.94
	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	<b>[MEMO ITEM]</b> MEMO: CELL PHONE
	Category/ Type

<b>B.</b> Full Name (Last, First, Middle Initial) Deidre Henderson Mailing Address 462 West Rivercross Rd City Spanish Fork State UT Zip Code 84660- Purpose of Disbursement Reimbursement see below Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 90407.E404 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 2 / 2 0 0 9
	Amount of Each Disbursement this Period 231.40
	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	REIMBURSEMENT SEE BELOW
	Category/ Type

<b>C.</b> Full Name (Last, First, Middle Initial) Priceline.com Mailing Address via internet City State Zip Code Purpose of Disbursement Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 90407.E440 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 3 0 / 2 0 0 9
	Amount of Each Disbursement this Period 231.40
	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	<b>[MEMO ITEM]</b> MEMO: TRAVEL
	Category/ Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	231.40
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	19b
<input type="checkbox"/>	20a	<input type="checkbox"/>	20b	<input type="checkbox"/>	20c	<input type="checkbox"/>	21

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NAME OF COMMITTEE (In Full)  
Friends of Jason Chaffetz

A.

Full Name (Last, First, Middle Initial)  
Deidre Henderson

Mailing Address 462 West Rivercross Rd

City Spanish Fork State UT Zip Code 84660-

Purpose of Disbursement  
Reimbursement see below

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Transaction ID: 90407.E405  
Date of Disbursement

02 / 03 / 2009

Amount of Each Disbursement this Period

679.44

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

REIMBURSEMENT SEE BELOW

B.

Full Name (Last, First, Middle Initial)  
Henley Park Hotel

Mailing Address 926 Massachussets Ave, NW

City Washington State DC Zip Code 20001-

Purpose of Disbursement  
Travel

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Transaction ID: 90407.E441  
Date of Disbursement

02 / 02 / 2009

Amount of Each Disbursement this Period

679.44

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]  
MEMO: TRAVEL

C.

Full Name (Last, First, Middle Initial)  
Deidre Henderson

Mailing Address 462 West Rivercross Rd

City Spanish Fork State UT Zip Code 84660-

Purpose of Disbursement  
Reimbursement conference registrati

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Transaction ID: 90407.E406  
Date of Disbursement

02 / 12 / 2009

Amount of Each Disbursement this Period

150.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

REIMBURSEMENT CONFERENCE REGISTRATI

SUBTOTAL of Disbursements This Page (optional) ..... ▶

829.44

TOTAL This Period (last page this line number only) ..... ▶



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Friends of Jason Chaffetz

A.	Full Name (Last, First, Middle Initial) KAN Enterprises	Transaction ID: 90407.E418 Date of Disbursement 03 / 10 / 2009
	Mailing Address 513 South 470 West	Amount of Each Disbursement this Period 650.00
	City Spanish Fork State UT Zip Code 84660-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Campaign consulting Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Category/Type CAMPAIGN CONSULTING
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) KAN Enterprises	Transaction ID: 90407.E419 Date of Disbursement 03 / 23 / 2009
	Mailing Address 513 South 470 West	Amount of Each Disbursement this Period 650.00
	City Spanish Fork State UT Zip Code 84660-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Campaign consulting Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Category/Type CAMPAIGN CONSULTING
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) Mediaone of Utah	Transaction ID: 90407.E423 Date of Disbursement 03 / 03 / 2009
	Mailing Address PO Box 704005	Amount of Each Disbursement this Period 189.76
	City Salt Lake City State UT Zip Code 84170-4005	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Subscription Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Category/Type SUBSCRIPTION
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	1489.76
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Friends of Jason Chaffetz

A.	Full Name (Last, First, Middle Initial) Morgan, Meredith & Associates	Transaction ID: 90407.E424 Date of Disbursement 02 / 09 / 2009
	Mailing Address 2874 Townsend Road Suite 1000	Amount of Each Disbursement this Period 1250.00
	City Herndon State VA Zip Code 20171-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Campaign fundraiser consulting Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		CAMPAIGN FUNDRAISER CONSULTING

B.	Full Name (Last, First, Middle Initial) Kellie Nelson	Transaction ID: 90407.E421 Date of Disbursement 02 / 02 / 2009
	Mailing Address 513 South 470 West	Amount of Each Disbursement this Period 650.00
	City Spanish Fork State UT Zip Code 84660-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Campaign consulting Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		CAMPAIGN CONSULTING

C.	Full Name (Last, First, Middle Initial) Kellie Nelson	Transaction ID: 90407.E422 Date of Disbursement 02 / 23 / 2009
	Mailing Address 513 South 470 West	Amount of Each Disbursement this Period 321.24
	City Spanish Fork State UT Zip Code 84660-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Reimbursement mileage and supplies Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		REIMBURSEMENT MILEAGE AND SUPPLIES

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	2221.24
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

PAGE 43 / 52

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Friends of Jason Chaffetz

<b>A.</b>	Full Name (Last, First, Middle Initial) Jack ORourke  Mailing Address 11028 Stanmore Dr  City Potomac State MD Zip Code 20854-  Purpose of Disbursement Fundraising expense Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 90223.C1127IK Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 9 / 2 0 0 9  Amount of Each Disbursement this Period 30.00  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  IN KIND: FUNDRAISING EXPENSE
<b>B.</b>	Full Name (Last, First, Middle Initial) PayPal  Mailing Address via internet  City State Zip Code  Purpose of Disbursement Merchant account fees Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 90407.E470 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 3 / 2 0 0 9  Amount of Each Disbursement this Period 9.93  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  MERCHANT ACCOUNT FEES
<b>C.</b>	Full Name (Last, First, Middle Initial) Provo-Orem Chamber of Commerce  Mailing Address 51 South University Ave, Suite 215  City Provo State UT Zip Code 84601-  Purpose of Disbursement Dues Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 90407.E425 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 0 / 2 0 0 9  Amount of Each Disbursement this Period 390.00  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  DUES

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>429.93</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Friends of Jason Chaffetz

A.

Full Name (Last, First, Middle Initial)  
Bradley A. Reneer

Transaction ID: 90407.E399  
Date of Disbursement

Mailing Address 270 W. Fort Creek Dr

M	M	/	D	D	/	Y	Y	Y	Y
0	2		0	2		2	0	0	9

City Alpine State UT Zip Code 84004-

Amount of Each Disbursement this Period

650.00
--------

Purpose of Disbursement  
Campaign consulting

Category/ Type
-------------------

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Candidate Name

CAMPAIGN CONSULTING

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)  
Bradley A. Reneer

Transaction ID: 90407.E400  
Date of Disbursement

Mailing Address 270 W. Fort Creek Dr

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	6		2	0	0	9

City Alpine State UT Zip Code 84004-

Amount of Each Disbursement this Period

650.00
--------

Purpose of Disbursement  
Campaign consulting

Category/ Type
-------------------

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Candidate Name

CAMPAIGN CONSULTING

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)  
Bradley A. Reneer

Transaction ID: 90407.E420  
Date of Disbursement

Mailing Address 270 W. Fort Creek Dr

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	3		2	0	0	9

City Alpine State UT Zip Code 84004-

Amount of Each Disbursement this Period

48.00
-------

Purpose of Disbursement  
Reimbursement for supplies

Category/ Type
-------------------

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Candidate Name

REIMBURSEMENT FOR SUPPLIES

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional) .....

1348.00
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TOTAL This Period (last page this line number only) .....

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# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Friends of Jason Chaffetz

<p><b>A.</b> Full Name (Last, First, Middle Initial) Salesforce.com</p> <p>Mailing Address Attn: Thomas Jarvis The Landmark@One Market Street Ste</p> <p>City San Francisco State CA Zip Code 94105-</p> <p>Purpose of Disbursement Database software</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 90407.E426 <b>Date of Disbursement</b> 03 / 12 / 2009</p> <p>Amount of Each Disbursement this Period 354.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>DATABASE SOFTWARE</b></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Salt Lake County Republican party</p> <p>Mailing Address c/o James Evans 1552 Newton Park Street</p> <p>City Salt Lake City State UT Zip Code 84116-</p> <p>Purpose of Disbursement Lincoln Day Dinner</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 90407.E429 <b>Date of Disbursement</b> 01 / 12 / 2009</p> <p>Amount of Each Disbursement this Period 1500.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>LINCOLN DAY DINNER</b></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Salt Lake County Republican party</p> <p>Mailing Address c/o James Evans 1552 Newton Park Street</p> <p>City Salt Lake City State UT Zip Code 84116-</p> <p>Purpose of Disbursement Convention booth</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 90407.E430 <b>Date of Disbursement</b> 03 / 10 / 2009</p> <p>Amount of Each Disbursement this Period 250.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>CONVENTION BOOTH</b></p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>2104.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Friends of Jason Chaffetz

<p><b>A.</b> Full Name (Last, First, Middle Initial) Jennifer Scott</p> <p>Mailing Address 1486 Fox Pointe Dr</p> <p>City West Jordan State UT Zip Code 84088-</p> <p>Purpose of Disbursement Reimbursement see below</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 90407.E415</p> <p>Date of Disbursement 01 / 20 / 2009</p> <p>Amount of Each Disbursement this Period 201.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>REIMBURSEMENT SEE BELOW</b></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) T-Mobile</p> <p>Mailing Address P.O. Box 660252</p> <p>City Dallas State TX Zip Code 75266-0252</p> <p>Purpose of Disbursement Cell phone</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 90407.E458</p> <p>Date of Disbursement 12 / 20 / 2008</p> <p>Amount of Each Disbursement this Period 201.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b> MEMO: CELL PHONE</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Jennifer Scott</p> <p>Mailing Address 1486 Fox Pointe Dr</p> <p>City West Jordan State UT Zip Code 84088-</p> <p>Purpose of Disbursement Reimbursement see below</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 90407.E416</p> <p>Date of Disbursement 02 / 09 / 2009</p> <p>Amount of Each Disbursement this Period 165.50</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>REIMBURSEMENT SEE BELOW</b></p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

**366.50**

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	19b
<input type="checkbox"/>	20a	<input type="checkbox"/>	20b	<input type="checkbox"/>	20c	<input type="checkbox"/>	21

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NAME OF COMMITTEE (In Full)  
Friends of Jason Chaffetz

A.

Full Name (Last, First, Middle Initial)  
T-Mobile

Mailing Address P.O. Box 660252

City Dallas State TX Zip Code 75266-0252

Purpose of Disbursement  
Cell phone

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 90407.E457  
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	0		2	0	0	9

Amount of Each Disbursement this Period

1	6	5	0
---	---	---	---

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]

MEMO: CELL PHONE

B.

Full Name (Last, First, Middle Initial)  
Connie Smith

Mailing Address 1212 S. Avalon Dr.

City Springville State UT Zip Code 84663-

Purpose of Disbursement  
Reimbursement for phone expenses

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 90407.E401  
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	0		2	0	0	9

Amount of Each Disbursement this Period

5	4	3	1
---	---	---	---

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

REIMBURSEMENT FOR PHONE EXPENSES

C.

Full Name (Last, First, Middle Initial)  
Dell Smith

Mailing Address 1212 Avalon Dr.

City Springville State UT Zip Code 84663-

Purpose of Disbursement  
Reimbursement see below

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 90407.E407  
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		1	8		2	0	0	9

Amount of Each Disbursement this Period

1	7	2	1	0
---	---	---	---	---

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

REIMBURSEMENT SEE BELOW

SUBTOTAL of Disbursements This Page (optional) .....

2	2	6	4	1
---	---	---	---	---

TOTAL This Period (last page this line number only) .....

2	2	6	4	1
---	---	---	---	---

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Friends of Jason Chaffetz

<b>A.</b> Full Name (Last, First, Middle Initial) At&t Mailing Address via internet City State Zip Code Purpose of Disbursement Cell phone Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 90407.E442 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 1 / 2 0 0 9
	Amount of Each Disbursement this Period 172.10
	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	<b>[MEMO ITEM]</b> MEMO: CELL PHONE

<b>B.</b> Full Name (Last, First, Middle Initial) Utah County Republican Party Mailing Address c/o Marian Monnahan PO Box 531 City Provo State UT Zip Code 84603- Purpose of Disbursement Lincoln day dinner Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 90407.E431 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 1 / 2 0 0 9
	Amount of Each Disbursement this Period 1500.00
	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	LINCOLN DAY DINNER

<b>C.</b> Full Name (Last, First, Middle Initial) Utah State Tax Commission Mailing Address 210 North 1950 West City Salt Lake City State UT Zip Code 84134-0001 Purpose of Disbursement Corporate taxes Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 90407.E434 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 0 / 2 0 0 9
	Amount of Each Disbursement this Period 100.00
	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	CORPORATE TAXES

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1600.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)



# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Friends of Jason Chaffetz

<p><b>A.</b> Full Name (Last, First, Middle Initial) Vistar Creative</p> <p>Mailing Address PO Box 4531</p> <p>City Grand Junction State CO Zip Code 81502-</p> <p>Purpose of Disbursement Media consulting</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 90407.E435</p> <p>Date of Disbursement 02 / 09 / 2009</p> <p>Amount of Each Disbursement this Period 5500.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>MEDIA CONSULTING</b></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Sallie Young</p> <p>Mailing Address 1352 W. Breakerpoint Wy</p> <p>City Riverton State UT Zip Code 84065-</p> <p>Purpose of Disbursement Campaign consulting</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 90407.E427</p> <p>Date of Disbursement 02 / 02 / 2009</p> <p>Amount of Each Disbursement this Period 650.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>CAMPAIGN CONSULTING</b></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Sallie Young</p> <p>Mailing Address 1352 W. Breakerpoint Wy</p> <p>City Riverton State UT Zip Code 84065-</p> <p>Purpose of Disbursement Campaign consulting</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 90407.E428</p> <p>Date of Disbursement 03 / 16 / 2009</p> <p>Amount of Each Disbursement this Period 650.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>CAMPAIGN CONSULTING</b></p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

**6800.00**

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Friends of Jason Chaffetz

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Zions Bank</p> <p>Mailing Address PO Box 30709</p> <p>City Salt Lake City State UT Zip Code 84130-0709</p> <p>Purpose of Disbursement Merchant account fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 90407.E436</p> <p>Date of Disbursement 01 / 31 / 2009</p> <p>Amount of Each Disbursement this Period 66.95</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>MERCHANT ACCOUNT FEES</b></p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Zions Bank</p> <p>Mailing Address PO Box 30709</p> <p>City Salt Lake City State UT Zip Code 84130-0709</p> <p>Purpose of Disbursement Merchant account fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 90407.E437</p> <p>Date of Disbursement 02 / 03 / 2009</p> <p>Amount of Each Disbursement this Period 66.95</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>MERCHANT ACCOUNT FEES</b></p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Zions Bank</p> <p>Mailing Address PO Box 30709</p> <p>City Salt Lake City State UT Zip Code 84130-0709</p> <p>Purpose of Disbursement Check printing</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 90407.E438</p> <p>Date of Disbursement 02 / 11 / 2009</p> <p>Amount of Each Disbursement this Period 132.73</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>CHECK PRINTING</b></p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

**266.63**

**TOTAL** This Period (last page this line number only) ..... ▶

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 51 / 52

<input checked="" type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	19b
<input type="checkbox"/>	20a	<input type="checkbox"/>	20b	<input type="checkbox"/>	20c	<input type="checkbox"/>	21

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NAME OF COMMITTEE (In Full)  
Friends of Jason Chaffetz

A.

Full Name (Last, First, Middle Initial)  
Zions Bank

Mailing Address PO Box 30709

City State Zip Code  
Salt Lake City UT 84130-0709

Purpose of Disbursement  
Merchant account fees

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 90407.E469

Date of Disbursement

<sup>M</sup>	<sup>M</sup>	/	<sup>D</sup>	<sup>D</sup>	/	<sup>Y</sup>	<sup>Y</sup>	<sup>Y</sup>	<sup>Y</sup>
0	3		1	0		2	0	0	9

Amount of Each Disbursement this Period

66.95
-------

Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

MERCHANT ACCOUNT FEES

SUBTOTAL of Disbursements This Page (optional) .....

66.95

TOTAL This Period (last page this line number only) .....

28092.93

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input checked="" type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Friends of Jason Chaffetz

<p><b>A.</b> Full Name (Last, First, Middle Initial) Utah County Republican Women</p> <p>Mailing Address Reeta Ormsby, Treasurer 490 E 500 North</p> <p>City Lindon State UT Zip Code 84042-</p> <p>Purpose of Disbursement DONATION</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 90407.E432</p> <p>Date of Disbursement 02 / 02 / 2009</p> <p>Amount of Each Disbursement this Period 250.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Utah Republican Party</p> <p>Mailing Address 117 East South Temple</p> <p>City Salt Lake City State UT Zip Code 84111-</p> <p>Purpose of Disbursement DONATION</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 90407.E433</p> <p>Date of Disbursement 02 / 27 / 2009</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p>2250.00</p>
<p><b>TOTAL</b> This Period (last page this line number only) .....</p>	<p>2250.00</p>