

# 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) 175 S. West Temple, Suite 650

Check if different than previously reported. (ACC)

Salt Lake City UT 84101

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 05 10 2008 in the State of UT

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

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

Election on in the State of

5. Covering Period 04 01 2008 through 04 20 2008

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 24 2008

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 | 4 |

|   |   |
|---|---|
| D | D |
| 0 | 1 |

|   |   |   |   |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 8 |

To: 

|   |   |
|---|---|
| M | M |
| 0 | 4 |

|   |   |
|---|---|
| D | D |
| 2 | 0 |

|   |   |   |   |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 8 |

|   | COLUMN A<br>This Period | COLUMN B<br>Election Cycle-to-Date |
|---|-------------------------|------------------------------------|
| 6. Net Contributions (other than loans)   |                         |                                    |
| (a) Total Contributions<br>(other than loans) (from Line 11(e)).....  | 1914.02                 | 92523.31                           |
| (b) Total Contribution Refunds<br>(from Line 20(d)).....  | 0.00                    | 0.00                               |
| (c) Net Contributions (other than loans)<br>(subtract Line 6(b) from Line 6(a)).....                            | 1914.02                 | 92523.31                           |
| 7. Net Operating Expenditures   |                         |                                    |
| (a) Total Operating Expenditures<br>(from Line 17).....   | 11237.31                | 58986.70                           |
| (b) Total Offsets to Operating<br>Expenditures (from Line 14).....  | 0.00                    | 0.00                               |
| (c) Net Operating Expenditures<br>(subtract Line 7(b) from Line 7(a)).....                                      | 11237.31                | 58986.70                           |
| 8. Cash on Hand at Close of<br>Reporting Period (from Line 27).....   | 33536.61                |                                    |
| 9. Debts and Obligations Owed <b>TO</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D).....  | 0.00                    |                                    |
| 10. Debts and Obligations Owed <b>BY</b><br>the Committee (Itemize all on<br>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 | 4 |

|   |   |
|---|---|
| D | D |
| 0 | 1 |

|   |   |   |   |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 8 |

 To: 

|   |   |
|---|---|
| M | M |
| 0 | 4 |

|   |   |
|---|---|
| D | D |
| 2 | 0 |

|   |   |   |   |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 8 |

**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).....

1135.50

85605.65

(ii) Unitemized.....

0.00

0.00

(iii) TOTAL of contributions

1135.50

85605.65

from individuals..... ▶

0.00

0.00

(b) Political Party Committees.....

0.00

3000.00

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

778.52

3917.66

(d) The Candidate.....

(e) TOTAL CONTRIBUTIONS

(other than loans)

1914.02

92523.31

(add Lines 11(a)(iii), (b), (c), and (d))

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.).....

0.00

0.00

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)..... ▶

1914.02

92523.31

**DETAILED SUMMARY PAGE**  
of Disbursements

| <b>II. DISBURSEMENTS</b>   | <b>COLUMN A<br/>Total This Period</b> | <b>COLUMN B<br/>Election Cycle-to-Date</b> |
|--|---------------------------------------|--|
| 17. OPERATING EXPENDITURES.....  | 11237.31                              | 58986.70                                   |
| 18. TRANSFERS TO OTHER<br>AUTHORIZED COMMITTEES.....                         | 0.00                                  | 0.00                                       |
| 19. LOAN REPAYMENTS:   |                                       |  |
| (a) Of Loans Made or Guaranteed<br>by the Candidate.....                     | 0.00                                  | 0.00                                       |
| (b) Of all Other Loans.....  | 0.00                                  | 0.00                                       |
| (c) TOTAL LOAN REPAYMENTS<br>(add Lines 19(a) and (b)).....                  | 0.00                                  | 0.00                                       |
| 20. REFUNDS OF CONTRIBUTIONS TO:   |                                       |  |
| (a) Individuals/Persons Other<br>Than Political Committees.....              | 0.00                                  | 0.00                                       |
| (b) Political Party Committees.....  | 0.00                                  | 0.00                                       |
| (c) Other Political Committees<br>(such as PACs).....                        | 0.00                                  | 0.00                                       |
| (d) TOTAL CONTRIBUTION REFUNDS<br>(add Lines 20(a), (b), and (c)).....       | 0.00                                  | 0.00                                       |
| 21. OTHER DISBURSEMENTS.....   | 0.00                                  | 0.00                                       |
| 22. <b>TOTAL DISBURSEMENTS</b><br>(add Lines 17, 18, 19(c), 20(d), and 21) ▶ | 11237.31                              | 58986.70                                   |

**III. CASH SUMMARY**

|   |          |
|---|----------|
| 23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....                                | 42859.90 |
| 24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....                             | 1914.02  |
| 25. SUBTOTAL (add Line 23 and Line 24).....   | 44773.92 |
| 26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....                               | 11237.31 |
| 27. CASH ON HAND AT CLOSE OF REPORTING PERIOD<br>(subtract Line 26 from Line 25)..... | 33536.61 |

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 5 / 17

(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)  
David Anson

Mailing Address 484 Westfield Rd

City State Zip Code  
Alpine UT 84004

FEC ID number of contributing federal political committee. C

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 50.00

Date of Receipt 04 / 17 / 2008

**Transaction ID:** 80421.C131

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)  
Sonia Ashby

Mailing Address 2316 West 8540 South

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: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 50.00

Date of Receipt 04 / 09 / 2008

**Transaction ID:** 80415.C129

Amount of Each Receipt this Period 50.00

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

**C.**

Full Name (Last, First, Middle Initial)  
David Cunningham

Mailing Address Po Box 4683

City State Zip Code  
Frisco CO 80443

FEC ID number of contributing federal political committee. C

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt 04 / 20 / 2008

**Transaction ID:** 80421.C134

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) ..... 600.00

**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 6 / 17                  |
|   | <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)<br>David Ludlam   | Date of Receipt<br>MM / DD / YYYY<br>04 / 20 / 2008  |
|           | Mailing Address 569 Cicero Drive  | <b>Transaction ID:</b> 80424.C135  |
|           | City Palisade State CO Zip Code 81526   | Amount of Each Receipt this Period<br>500.00   |
|           | FEC ID number of contributing federal political committee. <b>C</b>   | Receipt<br><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
|           | Name of Employer David Ludlam & Associates Occupation President<br>Receipt For: 2008<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼<br>500.00 |  |

|           |  |  |
|-----------|--|--|
| <b>B.</b> | Full Name (Last, First, Middle Initial)<br>Kent Oyler  | Date of Receipt<br>MM / DD / YYYY<br>04 / 17 / 2008  |
|           | Mailing Address 4768 South 575 West  | <b>Transaction ID:</b> 80421.C133  |
|           | City Ogden State UT Zip Code 84405   | Amount of Each Receipt this Period<br>10.50  |
|           | FEC ID number of contributing federal political committee. <b>C</b>  | Receipt<br><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<br>Receipt For: 2008<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼<br>10.50 |  |

|           |  |  |
|-----------|--|--|
| <b>C.</b> | Full Name (Last, First, Middle Initial)<br>J. Hunter Scott   | Date of Receipt<br>MM / DD / YYYY<br>04 / 17 / 2008  |
|           | Mailing Address 5181 West 8270 South   | <b>Transaction ID:</b> 80421.C132  |
|           | City West Jordan State UT Zip Code 84088   | Amount of Each Receipt this Period<br>25.00  |
|           | FEC ID number of contributing federal political committee. <b>C</b>  | Receipt<br><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<br>Receipt For: 2008<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼<br>25.00 |  |

|  |                |
|--|----------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <b>535.50</b>  |
| <b>TOTAL</b> This Period (last page this line number only) ..... | <b>1135.50</b> |

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

|   |                              |   |
|---|------------------------------|---|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER: PAGE 7 / 17 |   |
|   | (check only one)             |   |
| <input type="checkbox"/> 11a  | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c            |
| <input type="checkbox"/> 12   | <input type="checkbox"/> 13a | <input checked="" type="checkbox"/> 11d |
|   |                              | <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)<br>Jason Chaffetz                                    |  | Date of Receipt  |
|   | Mailing Address 315 Westfield Cir  |  | <input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="1"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="8"/> |
|   | City<br>Alpine   | State<br>UT  | Zip Code<br>84004  |
|   | FEC ID number of contributing federal political committee.<br><input type="text" value="C"/> |  | Transaction ID: 80417.C130   |
|   | Name of Employer<br>Maxtera Inc.   |  | Occupation<br>Owner  |
| Receipt For: 2008<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | Election Cycle-to-Date ▼<br><input type="text" value="3917.66"/> | Amount of Each Receipt this Period<br><input type="text" value="778.52"/>  |
|   |  |  | In-Kind<br><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)   |
|   |  |  | Travel   |

|  |                                     |
|--|-------------------------------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <input type="text" value="778.52"/> |
| <b>TOTAL</b> This Period (last page this line number only) ..... | <input type="text" value="778.52"/> |

# 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)<br/>Cabelas</p> <p>Mailing Address 2502 W Grand Terrace Pkwy</p> <p>City Lehi State UT Zip Code 84043-3747</p> <p>Purpose of Disbursement Delegate meeting</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> 80417.E75</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="0"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="8"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="75.00"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>DELEGATE MEETING</b></p> |
| <p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial)<br/>Cabelas</p> <p>Mailing Address 2502 W Grand Terrace Pkwy</p> <p>City Lehi State UT Zip Code 84043-3747</p> <p>Purpose of Disbursement Delegate meeting</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> 80417.E76</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="0"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="8"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="75.00"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>DELEGATE MEETING</b></p> |
| <p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial)<br/>Cabelas</p> <p>Mailing Address 2502 W Grand Terrace Pkwy</p> <p>City Lehi State UT Zip Code 84043-3747</p> <p>Purpose of Disbursement Delegate meeting</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> 80417.E77</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="0"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="8"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="75.00"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>DELEGATE MEETING</b></p> |

|   |  |
|---|--|
| <p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>      | <p><input type="text" value="225.00"/></p> |
| <p><b>TOTAL</b> This Period (last page this line number only) .....</p> | <p><input type="text"/></p>                |

# 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)<br>CBIZ  | Transaction ID: 80417.E78<br>Date of Disbursement<br>04 / 02 / 2008  |
|    | Mailing Address 175 S. West Temple, Suite 650  | Amount of Each Disbursement this Period<br>628.08  |
|    | City Salt Lake City State UT Zip Code 84101-   | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53                            |
|    | Purpose of Disbursement Accounting<br>Candidate Name   | Category/Type  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
|    |  | ACCOUNTING   |

|    |  |  |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial)<br>Jason Chaffetz  | Transaction ID: 80417.C130IK<br>Date of Disbursement<br>04 / 14 / 2008   |
|    | Mailing Address 315 Westfield Cir  | Amount of Each Disbursement this Period<br>778.52  |
|    | City Alpine State UT Zip Code 84004-   | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53                            |
|    | Purpose of Disbursement Travel<br>Candidate Name   | Category/Type  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
|    |  | IN KIND: TRAVEL  |

|    |  |  |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial)<br>Deidre Henderson  | Transaction ID: 80417.E79<br>Date of Disbursement<br>04 / 16 / 2008  |
|    | Mailing Address 462 West Rivercross Road   | Amount of Each Disbursement this Period<br>463.10  |
|    | 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 see below<br>Candidate Name  | Category/Type  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
|    |  | REIMBURSEMENT SEE BELOW  |

|  |   |         |
|--|---|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | ▶ | 1869.70 |
| <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)  
Staples

Mailing Address 971 S University Ave

City Provo State UT Zip Code 84601-5971

Purpose of Disbursement  
Campaign supplies

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Transaction ID: 80417.E99  
Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 4 |   | 0 | 5 |   | 2 | 0 | 0 | 8 |

Amount of Each Disbursement this Period

|        |
|--------|
| 223.55 |
|--------|

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

[MEMO ITEM]

MEMO: CAMPAIGN SUPPLIES

B.

Full Name (Last, First, Middle Initial)  
Paypal PayPal

Mailing Address

City State Zip Code

Purpose of Disbursement  
Merchant account fees

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Transaction ID: 80421.E101  
Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 4 |   | 1 | 7 |   | 2 | 0 | 0 | 8 |

Amount of Each Disbursement this Period

|      |
|------|
| 3.38 |
|------|

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

MERCHANT ACCOUNT FEES

C.

Full Name (Last, First, Middle Initial)  
Paypal PayPal

Mailing Address

City State Zip Code

Purpose of Disbursement  
Merchant account fees

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Transaction ID: 80424.E102  
Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 4 |   | 2 | 0 |   | 2 | 0 | 0 | 8 |

Amount of Each Disbursement this Period

|       |
|-------|
| 14.80 |
|-------|

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

MERCHANT ACCOUNT FEES

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

|       |
|-------|
| 18.18 |
|-------|

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><br>Full Name (Last, First, Middle Initial)<br>Paypal PayPal<br>Mailing Address<br>City State Zip Code<br>Purpose of Disbursement<br>Merchant account fees<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 80421.E100<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 4 / 2 0 / 2 0 0 8    |
|   | Amount of Each Disbursement this Period<br>14.80  |
|   | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
|   | MERCHANT ACCOUNT FEES   |
|   | Category/Type   |

|   |   |
|---|---|
| <b>B.</b><br>Full Name (Last, First, Middle Initial)<br>Provo City<br>Mailing Address 351 West Center<br>PO Box 1849<br>City Provo State UT Zip Code 84603-1849<br>Purpose of Disbursement<br>Room rental for meeting<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 80417.E84<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 4 / 1 0 / 2 0 0 8     |
|   | Amount of Each Disbursement this Period<br>70.00  |
|   | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
|   | ROOM RENTAL FOR MEETING   |
|   | Category/Type   |

|  |   |
|--|---|
| <b>C.</b><br>Full Name (Last, First, Middle Initial)<br>Provo City Library<br>Mailing Address 550 N University Ave<br>City Provo State UT Zip Code 84601-<br>Purpose of Disbursement<br>Delegate meeting<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 80417.E86<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 4 / 0 9 / 2 0 0 8     |
|  | Amount of Each Disbursement this Period<br>40.00  |
|  | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
|  | DELEGATE MEETING  |
|  | Category/Type   |

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

124.80

**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 12 / 17

|  |                              |                              |                              |
|--|------------------------------|------------------------------|------------------------------|
| <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)<br>Provo City Library<br><hr/> Mailing Address 550 N University Ave<br><hr/> City Provo State UT Zip Code 84601-<br><hr/> Purpose of Disbursement Delegate meeting<br>Candidate Name<br><hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br><hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼      | <b>Transaction ID:</b> 80417.E85<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 4 / 0 9 / 2 0 0 8 | Amount of Each Disbursement this Period<br>40.00<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53<br><b>DELEGATE MEETING</b>    |
| <b>B.</b> | Full Name (Last, First, Middle Initial)<br>Reflections Press<br><hr/> Mailing Address 582 South 1100 West<br><hr/> City Woods Cross State UT Zip Code 84087-<br><hr/> Purpose of Disbursement Campaign printing<br>Candidate Name<br><hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br><hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | <b>Transaction ID:</b> 80417.E87<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 4 / 0 2 / 2 0 0 8 | Amount of Each Disbursement this Period<br>1084.22<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53<br><b>CAMPAIGN PRINTING</b> |
| <b>C.</b> | Full Name (Last, First, Middle Initial)<br>Reflections Press<br><hr/> Mailing Address 582 South 1100 West<br><hr/> City Woods Cross State UT Zip Code 84087-<br><hr/> Purpose of Disbursement Campaign printing<br>Candidate Name<br><hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br><hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | <b>Transaction ID:</b> 80417.E88<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 4 / 1 0 / 2 0 0 8 | Amount of Each Disbursement this Period<br>2622.26<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53<br><b>CAMPAIGN PRINTING</b> |

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

**3746.48**

**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 13 / 17

|  |                              |                              |                              |
|--|------------------------------|------------------------------|------------------------------|
| <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)<br>Reflections Press<br><br>Mailing Address 582 South 1100 West<br><br>City Woods Cross State UT Zip Code 84087-<br><br>Purpose of Disbursement Campaign printing<br>Candidate Name<br><br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br><br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼  | Transaction ID: 80417.E89<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 4 / 1 6 / 2 0 0 8<br><br>Amount of Each Disbursement this Period<br>334.34<br><br><input type="checkbox"/> Refund or Disposal of Excess<br>Contributions Required Under<br>11 C.F.R. 400.53<br><br>CAMPAIGN PRINTING |
| B. | Full Name (Last, First, Middle Initial)<br>Salt Lake County Republican party<br><br>Mailing Address c/o James Evans<br>1552 Newton Park Street<br><br>City Salt Lake City State UT Zip Code 84116-<br><br>Purpose of Disbursement Convention booth<br>Candidate Name<br><br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br><br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Transaction ID: 80417.E90<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 4 / 1 4 / 2 0 0 8<br><br>Amount of Each Disbursement this Period<br>1000.00<br><br><input type="checkbox"/> Refund or Disposal of Excess<br>Contributions Required Under<br>11 C.F.R. 400.53<br><br>CONVENTION BOOTH |
| C. | Full Name (Last, First, Middle Initial)<br>Sanpete County Republican Party<br><br>Mailing Address PO Box 400<br><br>City Fountain Green State UT Zip Code 84632-<br><br>Purpose of Disbursement Convention booth<br>Candidate Name<br><br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br><br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼                                   | Transaction ID: 80417.E91<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 4 / 1 6 / 2 0 0 8<br><br>Amount of Each Disbursement this Period<br>25.00<br><br><input type="checkbox"/> Refund or Disposal of Excess<br>Contributions Required Under<br>11 C.F.R. 400.53<br><br>CONVENTION BOOTH   |

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

1359.34

**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)<br>Scera |   |                        | <b>Transaction ID:</b> 80417.E95  |  |
|  | Mailing Address 745 S State                      |   |                        | Date of Disbursement<br>04 / 09 / 2008  |  |
|  | City<br>Orem                                     | State<br>UT   | Zip Code<br>84058-6368 | Amount of Each Disbursement this Period<br>60.00  |  |
|  | Purpose of Disbursement<br>Delegate meeting      |   | Candidate Name         | <input type="checkbox"/> Refund or Disposal of Excess<br>Contributions Required Under<br>11 C.F.R. 400.53 |  |
| Office Sought: <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |  | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |                        |   |  |
| State: District:   |  |   | DELEGATE MEETING       |   |  |
| <b>B.</b>  | Full Name (Last, First, Middle Initial)<br>Scera |   |                        | <b>Transaction ID:</b> 80417.E93  |  |
|  | Mailing Address 745 S State                      |   |                        | Date of Disbursement<br>04 / 09 / 2008  |  |
|  | City<br>Orem                                     | State<br>UT   | Zip Code<br>84058-6368 | Amount of Each Disbursement this Period<br>60.00  |  |
|  | Purpose of Disbursement<br>Delegate meeting      |   | Candidate Name         | <input type="checkbox"/> Refund or Disposal of Excess<br>Contributions Required Under<br>11 C.F.R. 400.53 |  |
| Office Sought: <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |  | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |                        |   |  |
| State: District:   |  |   | DELEGATE MEETING       |   |  |
| <b>C.</b>  | Full Name (Last, First, Middle Initial)<br>Scera |   |                        | <b>Transaction ID:</b> 80417.E94  |  |
|  | Mailing Address 745 S State                      |   |                        | Date of Disbursement<br>04 / 09 / 2008  |  |
|  | City<br>Orem                                     | State<br>UT   | Zip Code<br>84058-6368 | Amount of Each Disbursement this Period<br>60.00  |  |
|  | Purpose of Disbursement<br>Delegate meeting      |   | Candidate Name         | <input type="checkbox"/> Refund or Disposal of Excess<br>Contributions Required Under<br>11 C.F.R. 400.53 |  |
| Office Sought: <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |  | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |                        |   |  |
| State: District:   |  |   | DELEGATE MEETING       |   |  |

|  |               |
|--|---------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | <b>180.00</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

|  |   |
|--|---|
| <b>A.</b><br>Full Name (Last, First, Middle Initial)<br>Scera<br><hr/> Mailing Address 745 S State<br><hr/> City Orem State UT Zip Code 84058-6368<br><hr/> Purpose of Disbursement Delegate meeting<br>Candidate Name<br><hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br><hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼                           | Transaction ID: 80417.E92<br>Date of Disbursement<br>04 / 09 / 2008                                 |
|  | Amount of Each Disbursement this Period<br>60.00  |
|  | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
|  | DELEGATE MEETING  |
| <b>B.</b><br>Full Name (Last, First, Middle Initial)<br>Jennifer Scott<br><hr/> Mailing Address 1486 Fox Pointe Dr<br><hr/> City West Jordan State UT Zip Code 84088-<br><hr/> Purpose of Disbursement Reimbursement see below<br>Candidate Name<br><hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br><hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 80417.E82<br>Date of Disbursement<br>04 / 10 / 2008                                 |
|  | Amount of Each Disbursement this Period<br>168.42   |
|  | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
|  | REIMBURSEMENT SEE BELOW   |
| <b>C.</b><br>Full Name (Last, First, Middle Initial)<br>T-Mobile<br><hr/> Mailing Address P.O. Box 660252<br><hr/> City Dallas State TX Zip Code 75266-0252<br><hr/> Purpose of Disbursement Phone<br>Candidate Name<br><hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br><hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼                             | Transaction ID: 80417.E83<br>Date of Disbursement<br>04 / 01 / 2008                                 |
|  | Amount of Each Disbursement this Period<br>118.42   |
|  | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
|  | [MEMO ITEM]<br>MEMO: PHONE  |

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

228.42

**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)<br/>Dell Smith</p> <p>Mailing Address 1212 Avalon Dr.</p> <p>City Springville State UT Zip Code 84663-</p> <p>Purpose of Disbursement<br/>Reimbursement phone and travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>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> 80417.E80</p> <p>Date of Disbursement<br/>04 / 02 / 2008</p> <p>Amount of Each Disbursement this Period<br/>96.39</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>REIMBURSEMENT PHONE AND TRAVEL</b></p>     |
| <p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial)<br/>Dell Smith</p> <p>Mailing Address 1212 Avalon Dr.</p> <p>City Springville State UT Zip Code 84663-</p> <p>Purpose of Disbursement<br/>Reimbursement for phone and travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>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> 80417.E81</p> <p>Date of Disbursement<br/>04 / 16 / 2008</p> <p>Amount of Each Disbursement this Period<br/>64.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>REIMBURSEMENT FOR PHONE AND TRAVEL</b></p> |
| <p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial)<br/>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<br/>Convention booth rental</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>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> 80417.E96</p> <p>Date of Disbursement<br/>04 / 07 / 2008</p> <p>Amount of Each Disbursement this Period<br/>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 RENTAL</b></p>           |

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

**410.39**

**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 17 / 17

|  |                              |                              |                              |
|--|------------------------------|------------------------------|------------------------------|
| <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

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| <b>A.</b><br>Full Name (Last, First, Middle Initial)<br>Utah Republican Party<br>Mailing Address 117 East South Temple<br>City Salt Lake City State UT Zip Code 84111-<br>Purpose of Disbursement<br>Convention booth rental<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 80417.E97<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 4 / 1 0 / 2 0 0 8  |
|  | Amount of Each Disbursement this Period<br>3000.00<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53<br>CONVENTION BOOTH RENTAL |
| <b>B.</b><br>Full Name (Last, First, Middle Initial)<br>West Jordan City<br>Mailing Address 7061 S Redwood Rd<br>City West Jordan State UT Zip Code 84084-<br>Purpose of Disbursement<br>Delegate meeting<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼                    | Transaction ID: 80417.E98<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 4 / 0 9 / 2 0 0 8  |
|  | Amount of Each Disbursement this Period<br>75.00<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53<br>DELEGATE MEETING          |

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| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | <b>3075.00</b>  |
| <b>TOTAL</b> This Period (last page this line number only) ..... | <b>11237.31</b> |