PAGE 1 / 4 STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. FRIENDS OF JASON CHAFFETZ 315 WESTFIELD CIRCLE ADDRESS (number and street) (Check if address is changed) ALPINE 84004-UT CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS bruceg@mycpa.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE C00431684 FEC IDENTIFICATION NUMBER > 3. X OR IS THIS STATEMENT NEW (N) AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Bruce Garfield Type or Print Name of Treasurer Bruce Garfield [Electronically Filed] 02 18 2014 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. **FEC FORM 1** (Revised 06/2012)

Of	ffice		For further information contact:
ılu	Jse		Federal Election Commission
0	Only		Toll Free 800-424-9530 Local 202-694-1100

	EEC <b>F</b> -	**** 1 (Paying 02/2000)	Page 2
		rm 1 (Revised 02/2009) OMMITTEE	Page <b>2</b>
		e Committee:	
(a)	X	This committee is a principal campaign committee. (Complete the candidate information below	)
(b)		This committee is an authorized committee, and is NOT a principal campaign committee. (Corinformation below.)	nplete the candidate
Nam Cand	e of didate	Jason Chaffetz	
	didate / Affiliati	on Office Sought: House Senate President	State
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Nam Cand	e of didate		
Par	ty Con	nmittee:	
(d)		(National, State This committee is a or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Poli	tical A	ction Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its co	nnected organization is a
		Corporation Corporation w/o Capital Stock	Labor Organization
		Membership Organization Trade Association	Cooperative
		In addition, this committee is a Lobbyist/Registrant PAC.	
(f)		This committee supports/opposes more than one Federal candidate, and is NOT a separate s committee. (i.e., nonconnected committee)	egregated fund or party
		In addition, this committee is a Lobbyist/Registrant PAC.	
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Join	t Func	Iraising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for t committees/organizations, at least one of which is an authorized committee of a federal candidate.	
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, none of which is an authorized committee of a federal candidate.	wo or more political
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number	
	3.	FEC ID number	
	4.		

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FEC Form 1 (Revised	02/2009)			Page <b>3</b>
Write or Type Committee Nam	e			
FRIENDS OF J	IASON CHAFFETZ			
6. Name of Any Connected	Organization, Affiliated Committee, Joint Fundraising Re	presentativ	e, or Leadership	PAC Sponsor
Beehive Victory Fund	, LLC 			
Mailing Address	315 Westfield Cr.			
Mailing Address				
	Alpine	UT	84004-1594	
	OLTV	CTATE		
	CITY	STATE	ZII	P CODE
Relationship: Connecte	d Organization X Affiliated Committee Joint Fundraising	ng Represer	ntative Leade	ership PAC Sponsor
<ol> <li>Custodian of Records: Ide books and records.</li> </ol>	ntify by name, address (phone number optional) and pos	sition of the	person in posses	ssion of committee
	e d			
Bruce Ga Full Name	meia 			
Mailing Address	1095 S 800 E			
Ç	1	1 1 1 1		
	Orem	UT	84097-7251	
Title or Position	CITY	STATE	ZIF	P CODE
Custodian of Records		umber		
	receptione ne	umber _		
8. <b>Treasurer:</b> List the name ar any designated agent (e.g.,	nd address (phone number optional) of the treasurer of the assistant treasurer).	he committe	ee; and the name	and address of
Full Name Bruce Gar of Treasurer	field			
Mailing Address	1095 S 800 E			
-	1			
	Orem	UT	84097-7251	.  _
	CITY	STATE	ZIF	P CODE
Title or Position Treasurer		ımber		. [_]
_		anner [		

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Full Name of Designated		
Agent		
Mailing Address		
	CITY STATE	ZIP CODE
Title or Position		
	Telephone number	
safety deposit boxes of Name of Bank, Depos	sitory, etc.	
safety deposit boxes of Name of Bank, Depos	or maintains funds.	
safety deposit boxes of Name of Bank, Depos	or maintains funds. sitory, etc.	90054
safety deposit boxes of Name of Bank, Depos	or maintains funds. sitory, etc.  PO Box 54349	90054 ZIP CODE
safety deposit boxes of Name of Bank, Depos	or maintains funds. sitory, etc.  PO Box 54349  Los Angeles  CITY  STATE	
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