

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 11 04 2008 in the State of UT

5. Covering Period 10 16 2008 through 11 24 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 12 01 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
1	0

D	D
1	6

Y	Y	Y	Y
2	0	0	8

To:

M	M
1	1

D	D
2	4

Y	Y	Y	Y
2	0	0	8

	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)).....	49545.00	441000.91
(b) Total Contribution Refunds (from Line 20(d)).....	0.00	120.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	49545.00	440880.91
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	62374.99	378303.37
(b) Total Offsets to Operating Expenditures (from Line 14).....	1240.19	1240.19
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	61134.80	377063.18
8. Cash on Hand at Close of Reporting Period (from Line 27).....	54287.71	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY 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

**POST-ELECTION DETAILED
SUMMARY PAGE**
Report of Receipts and Disbursements

FEC Form 3 (Revised 07/05)

Page 5

- . If the candidate participated in the general election, use this form for the 30-day Post-General report.
- . If the candidate did NOT participate in the general election, use this form for the Year-end report covering through December 31 of the election year (due on January 31).

This form is used in lieu of filling out Line Numbers 6 through 7 on Page 2 (Summary Page) and Pages 3 and 4 (the Detailed Summary Page) for the last report filed by a candidate during the current election cycle.

Write or Type Committee Name

Friends of Jason Chaffetz

Report Covering the Period: From:

M	M
1	0

D	D
1	6

Y	Y	Y	Y
2	0	0	8

 To:

M	M
1	1

D	D
2	4

Y	Y	Y	Y
2	0	0	8

I. RECEIPTS

COLUMN A Total this Period	COLUMN B Election Cycle Total as of <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>M</td><td>M</td></tr><tr><td>1</td><td>1</td></tr></table> <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>D</td><td>D</td></tr><tr><td>0</td><td>4</td></tr></table> <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>8</td></tr></table> (date of general election)	M	M	1	1	D	D	0	4	Y	Y	Y	Y	2	0	0	8	COLUMN C Total for <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>M</td><td>M</td></tr><tr><td>1</td><td>1</td></tr></table> <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>D</td><td>D</td></tr><tr><td>0</td><td>5</td></tr></table> <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>8</td></tr></table> (date after general election) through <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>M</td><td>M</td></tr><tr><td>1</td><td>1</td></tr></table> <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>D</td><td>D</td></tr><tr><td>2</td><td>4</td></tr></table> <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>8</td></tr></table> (last day of reporting period)	M	M	1	1	D	D	0	5	Y	Y	Y	Y	2	0	0	8	M	M	1	1	D	D	2	4	Y	Y	Y	Y	2	0	0	8
M	M																																																	
1	1																																																	
D	D																																																	
0	4																																																	
Y	Y	Y	Y																																															
2	0	0	8																																															
M	M																																																	
1	1																																																	
D	D																																																	
0	5																																																	
Y	Y	Y	Y																																															
2	0	0	8																																															
M	M																																																	
1	1																																																	
D	D																																																	
2	4																																																	
Y	Y	Y	Y																																															
2	0	0	8																																															
11. CONTRIBUTIONS (other than loans) FROM:																																																		
(a) Individuals/Persons Other than Political Committees																																																		
(i) Itemized (Use Schedule A)																																																		
13245.00	256686.81	0.00																																																
(ii) Unitemized																																																		
0.00	0.00	0.00																																																
(iii) Total of contributions from individuals																																																		
13245.00	256686.81	0.00																																																
(b) Political Party Committees																																																		
0.00	9100.00	0.00																																																
(c) Other Political Committees																																																		
36300.00	165269.15	0.00																																																

**POST-ELECTION DETAILED
SUMMARY PAGE
Report of Receipts and Disbursements**

COLUMN A Total this Period	COLUMN B Election Cycle Total as of * (date of general Election) (* See page 5 for date)	COLUMN C Total for * (date after general election) Through * (last day of reporting period) (* See page 5 for dates)
(d) The Candidate		
0.00	9944.95	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c) and (d))		
49545.00	441000.91	0.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES		
0.00	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate		
0.00	0.00	0.00
(b). All Other Loans		
0.00	0.00	0.00
(c). TOTAL LOANS (add Lines 13(a) and (b))		
0.00	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (refunds, rebates, etc)		
1240.19	1240.19	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc)		
0.00	0.00	0.00
16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15)		
50785.19	442241.10	0.00

POST ELECTION DETAILED SUMMARY PAGE

FEC Form 3 (Revised 1/01)

Report of Receipts and Disbursements

Page 7

Write or Type Committe Name

Friends of Jason Chaffetz

Report the covering period

From:

MM 10

DD 16

YYYY 2008

To:

MM 11

DD 24

YYYY 2008

II. DISBURSEMENTS

COLUMN A Total this period	COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date)	COLUMN C Total for * Through * (date after general election) (last day of reporting period) (* See page 5 for date)
17. OPERATING EXPENDITURES		
62374.99	378303.37	10530.02
18. TRANSFER TO OTHER AUTHORIZED COMMITTEES		
0.00	0.00	0.00
19. LOAN PAYMENTS		
(a) Of Loans Made or Guaranteed by the Candidate		
0.00	0.00	0.00
(b) Of All Other Loans		
0.00	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and 19(b))		
0.00	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees		
0.00	120.00	0.00
(b) Political Party Committees		
0.00	0.00	0.00

POST ELECTION DETAILED SUMMARY PAGE

FEC Form 3 (Revised 1/01)

Report of Receipts and Disbursements

Page 8

COLUMN A Total this period	COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date)	Total for * Through *	COLUMN C (date after general election) (last day of reporting period) (* See page 5 for date)
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(c) Other political committees (such as PACs)

0.00	0.00	0.00
------	------	------

(d) TOTAL CONTRIBUTION REFUNDS (See Lines 20(a), (b) and (c))

0.00	120.00	0.00
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21. OTHER DISBURSEMENTS

0.00	0.00	0.00
------	------	------

22. TOTAL DISBURSEMENTS (add lines 17, 18, 19(c), 20(d), and 21)

62374.99	378423.37	10530.02
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III. NET CONTRIBUTIONS (OTHER THAN LOANS)

(Note: Substitute in lieu of Line #6 of Summary Page for this report only; subtract line 20(d) from Line 11(e))

49545.00	440880.91	0.00
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IV. NET OPERATING EXPENDITURES

(Note: Substitute in lieu of Line #7 of Summary Page for this report only; subtract line 14 from Line 17)

61134.80	377063.18	10530.02
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V. CASH SUMMARY

23. CASH ON HAND AT BEGINING OF REPORTING PERIOD	65877.51
24. TOTAL RECEIPTS AT THIS PERIOD (from Line 16).....	50785.19
25. SUBTOTAL(add Line 23 and Line 24)	116662.70
26. TOTAL DISBURSEMENTS AT THIS PERIOD (from Line 22).....	62374.99
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (Subtract Line 26 from Line 25).....	54287.71

**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 <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	PAGE 7 / 45
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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) Michael Ahlin	Date of Receipt MM / DD / YYYY 10 / 24 / 2008
	Mailing Address 7317 Pine Ridge Dr	Transaction ID: 81024.C1084
	City State Zip Code Park City UT 84098-5336	Amount of Each Receipt this Period 500.00
	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 Occupation Soleil Energy Manager Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00

B.	Full Name (Last, First, Middle Initial) Jean Ashby	Date of Receipt MM / DD / YYYY 10 / 27 / 2008
	Mailing Address 5255 S. Queenswood Dr	Transaction ID: 81027.C1094
	City State Zip Code Salt Lake City UT 84118	Amount of Each Receipt this Period 20.00
	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 Occupation Information Requested Information Requested Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 20.00

C.	Full Name (Last, First, Middle Initial) Rodney J. Busk	Date of Receipt MM / DD / YYYY 10 / 27 / 2008
	Mailing Address 1020 South 400 West	Transaction ID: 81027.C1096
	City State Zip Code Richfield UT 84701-3008	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 Occupation Information Requested Information Requested Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 200.00

SUBTOTAL of Receipts This Page (optional)	620.00
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 8 / 45
	<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) George Evan Bybee		Date of Receipt
	Mailing Address 660 Westfield Rd		<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 1 1 / 0 4 / 2 0 0 8
	City	State	Zip Code
	Alpine	UT	84004
	FEC ID number of contributing federal political committee. C		Transaction ID: 81110.C1117
Name of Employer Basic Research		Occupation Vice President	Amount of Each Receipt this Period
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼	<input type="text"/> 2300.00
		<input type="text"/> 4500.00	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B.	Full Name (Last, First, Middle Initial) Tamra Bybee		Date of Receipt
	Mailing Address 660 Westfield Rd		<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 1 1 / 0 4 / 2 0 0 8
	City	State	Zip Code
	Alpine	UT	84004
	FEC ID number of contributing federal political committee. C		Transaction ID: 81110.C1118
Name of Employer Winterfox		Occupation Manager	Amount of Each Receipt this Period
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼	<input type="text"/> 2300.00
		<input type="text"/> 2300.00	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C.	Full Name (Last, First, Middle Initial) Douglas C. Flegal		Date of Receipt
	Mailing Address 740 East 3900 South, Ste 108		<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 1 1 / 0 4 / 2 0 0 8
	City	State	Zip Code
	Salt Lake City	UT	84107
	FEC ID number of contributing federal political committee. C		Transaction ID: 81110.C1119
Name of Employer Self Employed		Occupation Podiatrist	Amount of Each Receipt this Period
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼	<input type="text"/> 200.00
		<input type="text"/> 200.00	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 4800.00
TOTAL 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 9 / 45
(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

<p>A. Full Name (Last, First, Middle Initial) S. Frampton</p> <p>Mailing Address P. O. Box 3142</p> <p>City State Zip Code Midvale UT 84047</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Information Requested Occupation Information Requested</p> <p>Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 500.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 3 / 2 0 0 8</p> <p>Transaction ID: 81110.C1114</p> <p>Amount of Each Receipt this Period 500.00</p> <p>Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
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<p>B. Full Name (Last, First, Middle Initial) Ken Goddard</p> <p>Mailing Address 2135 South Main, #3</p> <p>City State Zip Code Bountiful UT 84010</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Information Requested Occupation Information Requested</p> <p>Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 20.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 0 / 2 0 0 8</p> <p>Transaction ID: 81021.C1068</p> <p>Amount of Each Receipt this Period 20.00</p> <p>Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
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<p>C. Full Name (Last, First, Middle Initial) Ryan Holt</p> <p>Mailing Address 10291 South 1230 West</p> <p>City State Zip Code South Jordan UT 84095</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Information Requested Occupation Information Requested</p> <p>Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 50.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 0 8</p> <p>Transaction ID: 81027.C1100</p> <p>Amount of Each Receipt this Period 50.00</p> <p>Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
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SUBTOTAL of Receipts This Page (optional)	570.00
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 10 / 45
	<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

A.	Full Name (Last, First, Middle Initial) D. Craig Huish		Date of Receipt
	Mailing Address 565 West 1000 North		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 10 / 28 / 2008
	City	State	Zip Code
	Orem	UT	84057-3074
	FEC ID number of contributing federal political committee. C		Transaction ID: 81028.C1101
Name of Employer Information Requested		Occupation Information Requested	Amount of Each Receipt this Period
Receipt For: 2008		Election Cycle-to-Date ▼	<input type="text"/> 10.00
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General			Receipt
<input type="checkbox"/> Other (specify) ▼			<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B.	Full Name (Last, First, Middle Initial) Tedd Johnson		Date of Receipt
	Mailing Address 3685 South 2200 West, Ste 86		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 10 / 27 / 2008
	City	State	Zip Code
	Salt Lake City	UT	84119
	FEC ID number of contributing federal political committee. C		Transaction ID: 81027.C1095
Name of Employer N/A		Occupation Retired	Amount of Each Receipt this Period
Receipt For: 2008		Election Cycle-to-Date ▼	<input type="text"/> 100.00
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General			Receipt
<input type="checkbox"/> Other (specify) ▼			<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C.	Full Name (Last, First, Middle Initial) Patricia Knight		Date of Receipt
	Mailing Address 817 N. Lincoln St		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 10 / 28 / 2008
	City	State	Zip Code
	Arlington	VA	22201
	FEC ID number of contributing federal political committee. C		Transaction ID: 81028.C1104
Name of Employer Knight Capitol Consultants		Occupation Founder	Amount of Each Receipt this Period
Receipt For: 2008		Election Cycle-to-Date ▼	<input type="text"/> 500.00
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General			Receipt
<input type="checkbox"/> Other (specify) ▼			<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 610.00
TOTAL 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 11 / 45
(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)
David S. Layton

Mailing Address 11780 Autumn Ridge Cv

City State Zip Code
Sandy UT 84092

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 ▼
1000.00

Date of Receipt
MM / DD / YYYY
11 / 03 / 2008

Transaction ID: 81110.C1115

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)
David E. Ludlow

Mailing Address 1265 East 1000 South

City State Zip Code
Spanish Fork UT 84660

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 ▼
1000.00

Date of Receipt
MM / DD / YYYY
10 / 20 / 2008

Transaction ID: 81021.C1067

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)
Geniel W. Montgomery

Mailing Address 9378 South Laurel Ridge Cir

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 ▼
100.00

Date of Receipt
MM / DD / YYYY
10 / 30 / 2008

Transaction ID: 81030.C1109

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) ► **2100.00**

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 / 45
(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)
Donald K. Peay
Mailing Address 4477 Sunset Cir
City Bountiful State UT Zip Code 84010
FEC ID number of contributing federal political committee. **C**
Name of Employer Peays Consulting Occupation Owner
Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 3300.00
Date of Receipt 10 / 24 / 2008
Transaction ID: 81024.C1085
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)
Mark D. Petersen
Mailing Address 9 Circle Oaks
City Sandy State UT Zip Code 84092
FEC ID number of contributing federal political committee. **C**
Name of Employer Information Requested Occupation Information Requested
Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 300.00
Date of Receipt 10 / 27 / 2008
Transaction ID: 81027.C1099
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)
Kevin Pritchett
Mailing Address 1275 South 550 West
City Salem State UT Zip Code 84653
FEC ID number of contributing federal political committee. **C**
Name of Employer Self Employed Occupation Owner, Auto Dealership
Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 1000.00
Date of Receipt 10 / 24 / 2008
Transaction ID: 81024.C1083
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) ► 2100.00
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 / 45

(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)
Brooke Rowe

Mailing Address 1415 Lady Bird Dr

City State Zip Code
Mc Lean VA 22101

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 7 / 2 0 0 8

Transaction ID: 81027.C1098

Amount of Each Receipt this Period

500.00

Receipt

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

B.

Full Name (Last, First, Middle Initial)
Chris L. Wall

Mailing Address P. O. Box 656

City State Zip Code
Oakley UT 84055

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

Name of Employer N/A Occupation Homemaker

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 2250.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 4 / 2 0 0 8

Transaction ID: 81024.C1086

Amount of Each Receipt this Period

1000.00

Reattribution Memo

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

[MEMO ITEM]
REATTRIBUTION FROM SPOUSE

C.

Full Name (Last, First, Middle Initial)
Trent Wall

Mailing Address P. O. Box 656

City State Zip Code
Oakley UT 84055

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

Name of Employer Wall Machinery, Inc. Occupation President

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 4550.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 4 / 2 0 0 8

Transaction ID: 81024.C1088

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) ▶

1500.00

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 14 / 45
(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)
Trent Wall

Mailing Address P. O. Box 656

City State Zip Code
Oakley UT 84055

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

Name of Employer Wall Machinery, Inc. Occupation President

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 3550.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	3	0	/	2	0	0	8

Transaction ID: 46

Amount of Each Receipt this Period
2300.00

MEMO
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
[MEMO ITEM]
 Supporting Info from Prev. Period

B. Full Name (Last, First, Middle Initial)
Trent Wall

Mailing Address P. O. Box 656

City State Zip Code
Oakley UT 84055

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

Name of Employer Wall Machinery, Inc. Occupation President

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 3550.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	4	/	2	0	0	8

Transaction ID: 81024.C1087

Amount of Each Receipt this Period
-1000.00

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

C. Full Name (Last, First, Middle Initial)
Ortrun A. Wallace

Mailing Address 4419 Mark Read Cir

City State Zip Code
Salt Lake City UT 84119

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

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

Transaction ID: 81021.C1075

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) ► **50.00**

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 15 / 45
(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)
Charles Warren
Mailing Address P. O. Box 17819
City State Zip Code
Salt Lake City UT 84117
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Silver Bullet Public Affairs
Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 750.00
Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 7 / 2 0 0 8
Transaction ID: 81027.C1097
Amount of Each Receipt this Period
750.00
Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Wade Webb
Mailing Address 1826 Revere Wy
City State Zip Code
Eagle Mountain UT 84005
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Information Requested Information Requested
Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 25.00
Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 7 / 2 0 0 8
Transaction ID: 81027.C1092
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)
Ralph Westberg
Mailing Address 8855 South 6200 West
City State Zip Code
Payson UT 84651
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Information Requested Information Requested
Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 100.00
Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 7 / 2 0 0 8
Transaction ID: 81027.C1093
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) ► **875.00**
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 / 45	
	(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

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) Sallie Young		Date of Receipt																					
	Mailing Address 1352 W. Breakerpoint Wy		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>2</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	7		2	0	0	8
	M	M	/	D	D	/	Y	Y	Y	Y														
	1	0		2	7		2	0	0	8														
	City	State	Zip Code		Transaction ID: 81027.C1091																			
Riverton	UT	84065																						
FEC ID number of contributing federal political committee.		C		Amount of Each Receipt this Period																				
				20.00																				
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: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼																						
				20.00																				

SUBTOTAL of Receipts This Page (optional)	▶	20.00
TOTAL This Period (last page this line number only)	▶	13245.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 17 / 45
(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)
Alliant Techsystems Inc. ECFund

Mailing Address 1215 S. Clark St, Ste 1510

City State Zip Code
Arlington VA 22202

FEC ID number of contributing federal political committee. **C** C00250209

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 3 / 2 0 0 8

Transaction ID: 81023.C1082

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)
ConcretePAC

Mailing Address 900 Spring St

City State Zip Code
Silver Spring MD 20910

FEC ID number of contributing federal political committee. **C** C00114025

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y
1 1 / 0 3 / 2 0 0 8

Transaction ID: 81110.C1116

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)
Dairy Farmers Of America, Inc. DEPAC

Mailing Address 10220 N. Ambassador Dr

City State Zip Code
Kansas City MO 64153

FEC ID number of contributing federal political committee. **C** C00001388

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y
1 1 / 0 3 / 2 0 0 8

Transaction ID: 81110.C1113

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 18 / 45
(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)
Dealers Election Action Committee Of

Mailing Address The National Automobile Dealers As
8400 Westpark Dr

City State Zip Code
Mc Lean VA 22102

FEC ID number of contributing federal political committee. **C** C00040998

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 5000.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 3 0 / 2 0 0 8

Transaction ID: 81030.C1110

Amount of Each Receipt this Period
5000.00

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

B. Full Name (Last, First, Middle Initial)
Defend America PAC

Mailing Address P. O. Box 2626

City State Zip Code
Tuscaloosa AL 35403

FEC ID number of contributing federal political committee. **C** C00325993

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 5000.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 0 8

Transaction ID: 81021.C1079

Amount of Each Receipt this Period
5000.00

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

C. Full Name (Last, First, Middle Initial)
Direct Selling Association PAC

Mailing Address 1667 K St, NW, Ste 1100

City State Zip Code
Washington DC 20006-9010

FEC ID number of contributing federal political committee. **C** C00078535

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 8 / 2 0 0 8

Transaction ID: 81028.C1102

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) ► **10500.00**

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 19 / 45

(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)
Free and Strong America PAC, Inc.

Mailing Address 585 Commercial St

City State Zip Code
Boston MA 02109

FEC ID number of contributing federal political committee. C C00449280

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2300.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 9 / 2 0 0 8

Transaction ID: 81030.C1111

Amount of Each Receipt this Period
800.00

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

B. Full Name (Last, First, Middle Initial)
GOP Generation Y Fund

Mailing Address P. O. Box 9055

City State Zip Code
Peoria IL 61612

FEC ID number of contributing federal political committee. C C00448191

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5000.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 0 8

Transaction ID: 81021.C1077

Amount of Each Receipt this Period
5000.00

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

C. Full Name (Last, First, Middle Initial)
GreggPAC

Mailing Address 120 N. Congress St, Ste 300

City State Zip Code
Jackson MS 39201

FEC ID number of contributing federal political committee. C C00455980

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 8 / 2 0 0 8

Transaction ID: 81028.C1103

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) 6800.00

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 20 / 45
(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)
National Association Of Insurance

Mailing Address and Financial Advisors PAC
2901 Telestar Ct

City Falls Church State VA Zip Code 22042

FEC ID number of contributing federal political committee. **C** C00005249

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2500.00

Date of Receipt
 M M / D D / Y Y Y Y
 1 0 / 2 8 / 2 0 0 8

Transaction ID: 81028.C1105

Amount of Each Receipt this Period
2500.00

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

B. Full Name (Last, First, Middle Initial)
National Pro-Life Alliance PAC

Mailing Address 4521 Windsor Arms Ct

City Annandale State VA Zip Code 22003

FEC ID number of contributing federal political committee. **C** C00358051

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y
 1 0 / 2 7 / 2 0 0 8

Transaction ID: 81027.C1089

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)
Nat'l Asphalt Pavement Assoc. PAC

Mailing Address 101 Constitution Ave, NW, Ste 600

City Washington State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C** C00444539

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 1 0 / 2 8 / 2 0 0 8

Transaction ID: 81028.C1106

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: PAGE 21 / 45
(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)
Newfield PAC

Mailing Address 363 N. Sam Houston Pkwy E, Ste 202

City State Zip Code
Houston TX 77060-2421

FEC ID number of contributing federal political committee. **C** C00443523

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 1 0 / 2 7 / 2 0 0 8

Transaction ID: 81027.C1090

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)
NSSGA ROCKPAC

Mailing Address 1605 King St

City State Zip Code
Alexandria VA 22314

FEC ID number of contributing federal political committee. **C** C00089458

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 1 0 / 2 8 / 2 0 0 8

Transaction ID: 81028.C1107

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)
Oldcastle Materials, Inc. PAC

Mailing Address 101 Constitution Ave, NW, Ste 600

City State Zip Code
Washington DC 20001

FEC ID number of contributing federal political committee. **C** C00346353

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt
 M M / D D / Y Y Y Y
 1 0 / 2 8 / 2 0 0 8

Transaction ID: 81028.C1108

Amount of Each Receipt this Period
2000.00

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 22 / 45
(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)
Senate Majority Fund
Mailing Address P. O. Box 32025
City Phoenix State AZ Zip Code 85064
FEC ID number of contributing federal political committee. **C** C00368431
Name of Employer Occupation
Receipt For: 2008
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 5000.00
Date of Receipt 11 / 03 / 2008
Transaction ID: 81110.C1112
Amount of Each Receipt this Period 5000.00
Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
The Kroger PAC
Mailing Address 1014 Vine St
City Cincinnati State OH Zip Code 45202
FEC ID number of contributing federal political committee. **C** C00059238
Name of Employer Occupation
Receipt For: 2008
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 500.00
Date of Receipt 10 / 22 / 2008
Transaction ID: 81023.C1081
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)
The Orthopaedic PAC
Mailing Address PAC of the Am Assoc, Orthopaedic S
317 Massachusettes Ave, NE, 1st Fl
City Washington State DC Zip Code 20002
FEC ID number of contributing federal political committee. **C** C00343137
Name of Employer Occupation
Receipt For: 2008
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 2500.00
Date of Receipt 11 / 04 / 2008
Transaction ID: 81110.C1120
Amount of Each Receipt this Period 2500.00
Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► 8000.00
TOTAL This Period (last page this line number only) ► 36300.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 23 / 45	
	(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"/> 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) SCM Associates, Inc.		Date of Receipt
	Mailing Address 1283 Main Street Po Box 254		<input type="text" value="10"/> / <input type="text" value="20"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Dublin	NH	03444-
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
	Name of Employer		Occupation
Receipt For: 2008		Election Cycle-to-Date ▼	Transaction ID: 81021.C1066
<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General	<input type="text" value="1240.19"/>	Amount of Each Receipt this Period
<input type="checkbox"/> Other (specify) ▼			<input type="text" value="1240.19"/>
			Offsets to Operating Expenditure
			<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="1240.19"/>
TOTAL This Period (last page this line number only)	<input type="text" value="1240.19"/>

**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) Cabelas Mailing Address 2502 W Grand Terrace Pkwy City Lehi State UT Zip Code 84043-3747 Purpose of Disbursement Room rental for volunteer party 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: 81126.E307 Date of Disbursement 11 / 13 / 2008 Amount of Each Disbursement this Period 150.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 ROOM RENTAL FOR VOLUNTEER PARTY
B.	Full Name (Last, First, Middle Initial) Caplin&Drysdale Mailing Address One Thomas Circle, , NW, Ste 1100 City Washington State DC Zip Code 20005- Purpose of Disbursement Void prior period check 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: 81126.E369 Date of Disbursement 10 / 16 / 2008 Amount of Each Disbursement this Period -456.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 VOID PRIOR PERIOD CHECK
C.	Full Name (Last, First, Middle Initial) Caplin&Drysdale Mailing Address One Thomas Circle, , NW, Ste 1100 City Washington State DC Zip Code 20005- Purpose of Disbursement Legal 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: 81126.E308 Date of Disbursement 11 / 04 / 2008 Amount of Each Disbursement this Period 216.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 LEGAL FEES

SUBTOTAL of Disbursements This Page (optional) ▶

-90.00

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) CBIZ <hr/> Mailing Address 175 S. West Temple, Suite 650 <hr/> City Salt Lake City State UT Zip Code 84101- <hr/> Purpose of Disbursement Accounting Candidate Name <hr/> 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: 81126.E311 Date of Disbursement 10 / 17 / 2008 <hr/> Amount of Each Disbursement this Period 6105.34 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 ACCOUNTING
B.	Full Name (Last, First, Middle Initial) CBIZ <hr/> Mailing Address 175 S. West Temple, Suite 650 <hr/> City Salt Lake City State UT Zip Code 84101- <hr/> Purpose of Disbursement Accounting Candidate Name <hr/> 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: 81126.E312 Date of Disbursement 10 / 27 / 2008 <hr/> Amount of Each Disbursement this Period 4232.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 ACCOUNTING
C.	Full Name (Last, First, Middle Initial) CBIZ <hr/> Mailing Address 175 S. West Temple, Suite 650 <hr/> City Salt Lake City State UT Zip Code 84101- <hr/> Purpose of Disbursement Accounting Candidate Name <hr/> 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: 81126.E313 Date of Disbursement 11 / 04 / 2008 <hr/> Amount of Each Disbursement this Period 4768.26 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 ACCOUNTING

SUBTOTAL of Disbursements This Page (optional) ▶

15105.60

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>A. Full Name (Last, First, Middle Initial) Alex Chaffetz</p> <p>Mailing Address P. O. Box 2123</p> <p>City Grand Junction State CO Zip Code 81502-</p> <p>Purpose of Disbursement Reimbursement for travel under \$500</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>Transaction ID: 81126.E306 Date of Disbursement 11 / 10 / 2008</p> <p>Amount of Each Disbursement this Period 209.28</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>REIMBURSEMENT FOR TRAVEL UNDER \$500</p>
<p>B. Full Name (Last, First, Middle Initial) Jason Chaffetz</p> <p>Mailing Address 315 Westfield Circle</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 State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 81126.E320 Date of Disbursement 10 / 27 / 2008</p> <p>Amount of Each Disbursement this Period 10147.64</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>C. Full Name (Last, First, Middle Initial) Bonneville Intermountain Radio Group</p> <p>Mailing Address 55 N. 300 W</p> <p>City Salt Lake City State UT Zip Code 84180-</p> <p>Purpose of Disbursement Advertising</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>Transaction ID: 81126.E349 Date of Disbursement 10 / 17 / 2008</p> <p>Amount of Each Disbursement this Period 2622.25</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM] MEMO: ADVERTISING</p>

SUBTOTAL of Disbursements This Page (optional) ▶

10356.92

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)
Bonneville Intermountain Radio Group

Mailing Address 55 N. 300 W

City Salt Lake City State UT Zip Code 84180-

Purpose of Disbursement Advertising

Candidate Name

Category/Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID: 81126.E350
Date of Disbursement

10 / 15 / 2008

Amount of Each Disbursement this Period

4007.75

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

[MEMO ITEM]
MEMO: ADVERTISING

B. Full Name (Last, First, Middle Initial)
Citadel Broadcasting

Mailing Address 434 Bearcat Drive

City Salt Lake City State UT Zip Code 84115-

Purpose of Disbursement Advertising

Candidate Name

Category/Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID: 81126.E347
Date of Disbursement

10 / 15 / 2008

Amount of Each Disbursement this Period

1445.00

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

[MEMO ITEM]
MEMO: ADVERTISING

C. Full Name (Last, First, Middle Initial)
Clear Channel

Mailing Address 2801 S. Decker Lake Drive

City Salt Lake City State UT Zip Code 84119-

Purpose of Disbursement Advertising

Candidate Name

Category/Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID: 81126.E348
Date of Disbursement

10 / 16 / 2008

Amount of Each Disbursement this Period

990.25

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

[MEMO ITEM]
MEMO: ADVERTISING

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)
KBRN-The Breeze

Mailing Address 257 E 200 S

City State Zip Code
Salt Lake City UT 84111-

Purpose of Disbursement
Advertising

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 81126.E351
Date of Disbursement

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

Amount of Each Disbursement this Period

952.00

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

[MEMO ITEM]

MEMO: ADVERTISING

B.

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

Mailing Address 315 Westfield Circle

City State Zip Code
Alpine UT 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: 81126.E321
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	4	/	2	0	0	8

Amount of Each Disbursement this Period

1983.41

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: 81126.E353
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	3	/	2	0	0	8

Amount of Each Disbursement this Period

1563.00

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

[MEMO ITEM]

MEMO: TRAVEL

SUBTOTAL of Disbursements This Page (optional)

1983.41

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

A.	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 renatl 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) ▼	Transaction ID: 81126.E354 Date of Disbursement 10 / 31 / 2008 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 [MEMO ITEM] MEMO: STORAGE RENATL
B.	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: <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: 81126.E352 Date of Disbursement 10 / 31 / 2008 Amount of Each Disbursement this Period 330.62 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: CELL PHONE
C.	Full Name (Last, First, Middle Initial) Jason Chaffetz Mailing Address 315 Westfield Circle City Alpine State UT Zip Code 84004-1594 Purpose of Disbursement 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) ▼	Transaction ID: 81126.E322 Date of Disbursement 11 / 10 / 2008 Amount of Each Disbursement this Period 4961.61 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 REIMBURSEMENT SEE BELOW

SUBTOTAL of Disbursements This Page (optional) ▶

4961.61

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) Delta Airlines <hr/> Mailing Address via internet <hr/> City State Zip Code <hr/> Purpose of Disbursement Travel Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 81126.E355 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 6 / 2 0 0 8
	Amount of Each Disbursement this Period 521.00
	<input type="checkbox"/> 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) Delta Airlines <hr/> Mailing Address via internet <hr/> City State Zip Code <hr/> Purpose of Disbursement Travel Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 81126.E356 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 6 / 2 0 0 8
	Amount of Each Disbursement this Period 440.00
	<input type="checkbox"/> 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) Delta Airlines <hr/> Mailing Address via internet <hr/> City State Zip Code <hr/> Purpose of Disbursement Travel Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 81126.E357 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 6 / 2 0 0 8
	Amount of Each Disbursement this Period 2620.00
	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	[MEMO ITEM] MEMO: TRAVEL

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) US Airways <hr/> Mailing Address via internet <hr/> City State Zip Code <hr/> Purpose of Disbursement Travel Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 81126.E358 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 8 / 2 0 0 8
	Amount of Each Disbursement this Period 703.50
	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	[MEMO ITEM] MEMO: TRAVEL
	Category/Type

B. Full Name (Last, First, Middle Initial) Jason Chaffetz <hr/> Mailing Address 315 Westfield Circle <hr/> City State Zip Code Alpine UT 84004-1594 <hr/> Purpose of Disbursement Reimbursement see below Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 81126.E323 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 7 / 2 0 0 8
	Amount of Each Disbursement this Period 669.14
	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	REIMBURSEMENT SEE BELOW
	Category/Type

C. Full Name (Last, First, Middle Initial) Hyatt Regency Washington <hr/> Mailing Address 400 New Jersey Ave, NW <hr/> City State Zip Code Washington DC 20001- <hr/> Purpose of Disbursement Travel Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 81126.E359 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 5 / 2 0 0 8
	Amount of Each Disbursement this Period 595.16
	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	[MEMO ITEM] MEMO: TRAVEL
	Category/Type

SUBTOTAL of Disbursements This Page (optional) ▶	669.14
TOTAL 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>A. Full Name (Last, First, Middle Initial) Jason Chaffetz</p> <p>Mailing Address 315 Westfield Circle</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>Transaction ID: 81126.E324</p> <p>Date of Disbursement 11 / 24 / 2008</p> <p>Amount of Each Disbursement this Period 2026.97</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. Full Name (Last, First, Middle Initial) Capitol Hill Club</p> <p>Mailing Address 300 First Street, SE</p> <p>City Washington State DC Zip Code 20003-</p> <p>Purpose of Disbursement Dues</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>Transaction ID: 81126.E364</p> <p>Date of Disbursement 11 / 21 / 2008</p> <p>Amount of Each Disbursement this Period 375.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM] MEMO: DUES</p>
<p>C. Full Name (Last, First, Middle Initial) Delta Airlines</p> <p>Mailing Address via internet</p> <p>City State Zip Code</p> <p>Purpose of Disbursement Travel</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>Transaction ID: 81126.E361</p> <p>Date of Disbursement 11 / 15 / 2008</p> <p>Amount of Each Disbursement this Period 672.26</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM] MEMO: TRAVEL</p>

SUBTOTAL of Disbursements This Page (optional) ▶

2026.97

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) 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: 81126.E363 Date of Disbursement 11 / 15 / 2008 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 [MEMO ITEM] MEMO: STORAGE RENTAL
B.	Full Name (Last, First, Middle Initial) Hyatt Regency Washington Mailing Address 400 New Jersey Ave, 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: 81126.E360 Date of Disbursement 11 / 22 / 2008 Amount of Each Disbursement this Period 159.16 <input type="checkbox"/> 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) US Airways 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: 81126.E362 Date of Disbursement 11 / 17 / 2008 Amount of Each Disbursement this Period 850.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: TRAVEL

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)
Crowell Advertising and Marketing

Mailing Address 12 South 400 West, Suite 200

City State Zip Code
Salt Lake City UT 84101-

Purpose of Disbursement
Campaign marketing

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 81126.E314

Date of Disbursement

10 / 21 / 2008

Amount of Each Disbursement this Period

10000.00

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

CAMPAIGN MARKETING

B.

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

Mailing Address 462 West Rivercross Rd

City State Zip Code
Spanish Fork UT 84660-

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: 81126.E315

Date of Disbursement

10 / 22 / 2008

Amount of Each Disbursement this Period

866.78

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

REIMBURSEMENT SEE BELOW

C.

Full Name (Last, First, Middle Initial)
At&t

Mailing Address via internet

City State Zip Code

Purpose of Disbursement
Cell phone

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 81126.E343

Date of Disbursement

10 / 01 / 2008

Amount of Each Disbursement this Period

508.13

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

[MEMO ITEM]

MEMO: CELL PHONE

SUBTOTAL of Disbursements This Page (optional) ▶

10866.78

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)
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: 81126.E316
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	3	/	2	0	0	8

Amount of Each Disbursement this Period

473.73

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

REIMBURSEMENT SEE BELOW

B.

Full Name (Last, First, Middle Initial)
At&t

Mailing Address via internet

City State Zip Code

Purpose of Disbursement
Cell phone

Candidate Name

Category/
Type

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: 81126.E344
Date of Disbursement

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

Amount of Each Disbursement this Period

151.98

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

[MEMO ITEM]

MEMO: CELL PHONE

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 for mileage

Candidate Name

Category/
Type

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: 81126.E317
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	2	4	/	2	0	0	8

Amount of Each Disbursement this Period

87.75

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

REIMBURSEMENT FOR MILEAGE

SUBTOTAL of Disbursements This Page (optional)

561.48

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

A.	Full Name (Last, First, Middle Initial) Nancy Hendrickson	Transaction ID: 81126.E332 Date of Disbursement 11 / 10 / 2008
	Mailing Address 11980 S. 1380 W.	Amount of Each Disbursement this Period 39.93
	City Riverton State UT Zip Code 84065-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Reimbursement for postage 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 FOR POSTAGE

B.	Full Name (Last, First, Middle Initial) Casey Jackson	Transaction ID: 81126.E309 Date of Disbursement 10 / 20 / 2008
	Mailing Address 2448 Marion Dr	Amount of Each Disbursement this Period 126.95
	City West Jordan State UT Zip Code 84084-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Reimbursement for mileage 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 FOR MILEAGE

C.	Full Name (Last, First, Middle Initial) Casey Jackson	Transaction ID: 81126.E310 Date of Disbursement 11 / 04 / 2008
	Mailing Address 2448 Marion Dr	Amount of Each Disbursement this Period 83.07
	City West Jordan State UT Zip Code 84084-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Reimbursement for mileage 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 FOR MILEAGE

SUBTOTAL of Disbursements This Page (optional)	▶	249.95
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>A. Full Name (Last, First, Middle Initial) Jennifer James</p> <p>Mailing Address 1108 W 590 S</p> <p>City Spanish Fork State UT Zip Code 84660-</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 State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 81126.E325 Date of Disbursement 11 / 12 / 2008</p> <p>Amount of Each Disbursement this Period 145.07</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. 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>Transaction ID: 81126.E365 Date of Disbursement 11 / 01 / 2008</p> <p>Amount of Each Disbursement this Period 106.45</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM] MEMO: CELL PHONE</p>
<p>C. Full Name (Last, First, Middle Initial) Morgan, Meredith & Associates</p> <p>Mailing Address 2874 Townsend Road Suite 1000</p> <p>City Herndon State VA Zip Code 20171-</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 State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 81126.E330 Date of Disbursement 10 / 17 / 2008</p> <p>Amount of Each Disbursement this Period 1073.68</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>CAMPAIGN CONSULTING</p>

SUBTOTAL of Disbursements This Page (optional) ▶

1218.75

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)
Morgan, Meredith & Associates

Transaction ID: 81126.E331
Date of Disbursement

Mailing Address 2874 Townsend Road
Suite 1000

M	M	/	D	D	/	Y	Y	Y	Y
1	1		0	4		2	0	0	8

City Herndon State VA Zip Code 20171-

Amount of Each Disbursement this Period

3910.00

Purpose of Disbursement
Campaign fundraiser consulting

--

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

Candidate Name

Category/Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

CAMPAIGN FUNDRAISER CONSULTING

State: District:

B.

Full Name (Last, First, Middle Initial)
Kellie Nelson

Transaction ID: 81126.E329
Date of Disbursement

Mailing Address 513 South 470 West

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

City Spanish Fork State UT Zip Code 84660-

Amount of Each Disbursement this Period

548.30

Purpose of Disbursement
Reimbursement see below

--

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

Candidate Name

Category/Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

REIMBURSEMENT SEE BELOW

State: District:

C.

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

Transaction ID: 81126.E368
Date of Disbursement

Mailing Address P.O. Box 660252

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

City Dallas State TX Zip Code 75266-0252

Amount of Each Disbursement this Period

125.00

Purpose of Disbursement
Cell phone

--

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

Candidate Name

Category/Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

[MEMO ITEM]
MEMO: CELL PHONE

State: District:

SUBTOTAL of Disbursements This Page (optional) ▶

4458.30

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

A.

Full Name (Last, First, Middle Initial)
RCS

Transaction ID: 81126.E333
Date of Disbursement

Mailing Address Attn: Barbara Morris-Lent
2336 S. Queen Street

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	2	4	/	2	0	0	8

City State Zip Code
Arlington VA 22202-

Amount of Each Disbursement this Period

40.00

Purpose of Disbursement
Dues

--

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

Candidate Name

Category/Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

DUES

State: District:

B.

Full Name (Last, First, Middle Initial)
Reflections Press

Transaction ID: 81126.E334
Date of Disbursement

Mailing Address 582 South 1100 West

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	7	/	2	0	0	8

City State Zip Code
Woods Cross UT 84087-

Amount of Each Disbursement this Period

1754.96

Purpose of Disbursement
Campaign printing

--

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

Candidate Name

Category/Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

CAMPAIGN PRINTING

State: District:

C.

Full Name (Last, First, Middle Initial)
Reflections Press

Transaction ID: 81126.E335
Date of Disbursement

Mailing Address 582 South 1100 West

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	4	/	2	0	0	8

City State Zip Code
Woods Cross UT 84087-

Amount of Each Disbursement this Period

3973.32

Purpose of Disbursement
Campaign printing

--

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

Candidate Name

Category/Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

CAMPAIGN PRINTING

State: District:

SUBTOTAL of Disbursements This Page (optional)

5768.28

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>A. 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>Transaction ID: 81126.E336 Date of Disbursement 11 / 04 / 2008</p> <p>Amount of Each Disbursement this Period 1062.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>DATABASE SOFTWARE</p>
<p>B. Full Name (Last, First, Middle Initial) Sanpete Messenger</p> <p>Mailing Address</p> <p>City State Zip Code</p> <p>Purpose of Disbursement Advertisement</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>Transaction ID: 81126.E337 Date of Disbursement 10 / 20 / 2008</p> <p>Amount of Each Disbursement this Period 7.50</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>ADVERTISEMENT</p>
<p>C. 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 State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 81126.E326 Date of Disbursement 11 / 04 / 2008</p> <p>Amount of Each Disbursement this Period 380.27</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>

SUBTOTAL of Disbursements This Page (optional)	1449.77
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	Transaction ID: 81126.E366 Date of Disbursement 11 / 01 / 2008
	Mailing Address P.O. Box 660252	Amount of Each Disbursement this Period 198.92
	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	[MEMO ITEM] 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) Jennifer Scott	Transaction ID: 81126.E327 Date of Disbursement 11 / 24 / 2008
	Mailing Address 1486 Fox Pointe Dr	Amount of Each Disbursement this Period 348.13
	City West Jordan State UT Zip Code 84088-	<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) ▼

C.	Full Name (Last, First, Middle Initial) The Grand America	Transaction ID: 81126.E367 Date of Disbursement 11 / 04 / 2008
	Mailing Address 555 S. Main	Amount of Each Disbursement this Period 348.13
	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 Election night room	[MEMO ITEM] MEMO: ELECTION NIGHT ROOM
	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) ▼

SUBTOTAL of Disbursements This Page (optional)	348.13
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>A. 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 for mileage</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>Transaction ID: 81126.E328</p> <p>Date of Disbursement 11 / 24 / 2008</p> <p>Amount of Each Disbursement this Period 257.40</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>REIMBURSEMENT FOR MILEAGE</p>
<p>B. Full Name (Last, First, Middle Initial) Dell Smith</p> <p>Mailing Address 1212 Avalon Dr.</p> <p>City Springville State UT Zip Code 84663-</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 State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 81126.E318</p> <p>Date of Disbursement 10 / 27 / 2008</p> <p>Amount of Each Disbursement this Period 684.71</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>C. Full Name (Last, First, Middle Initial) At&t</p> <p>Mailing Address via internet</p> <p>City State Zip Code</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>Transaction ID: 81126.E345</p> <p>Date of Disbursement 10 / 01 / 2008</p> <p>Amount of Each Disbursement this Period 46.39</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM] MEMO: CELL PHONE</p>

SUBTOTAL of Disbursements This Page (optional) ▶

942.11

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>A. Full Name (Last, First, Middle Initial) Dell Smith</p> <p>Mailing Address 1212 Avalon Dr.</p> <p>City Springville State UT Zip Code 84663-</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>Transaction ID: 81126.E319</p> <p>Date of Disbursement 11 / 24 / 2008</p> <p>Amount of Each Disbursement this Period 733.56</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. Full Name (Last, First, Middle Initial) Copies Plus</p> <p>Mailing Address 717 N Main</p> <p>City Springville State UT Zip Code 84663-</p> <p>Purpose of Disbursement Copies</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>Transaction ID: 81126.E346</p> <p>Date of Disbursement 10 / 15 / 2008</p> <p>Amount of Each Disbursement this Period 126.40</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM] MEMO: COPIES</p>
<p>C. Full Name (Last, First, Middle Initial) State of Utah</p> <p>Mailing Address Dept of Commerce PO Box 146705</p> <p>City Salt Lake City State UT Zip Code 84114-6705</p> <p>Purpose of Disbursement Renewal</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>Transaction ID: 81126.E338</p> <p>Date of Disbursement 10 / 27 / 2008</p> <p>Amount of Each Disbursement this Period 12.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>RENEWAL</p>

SUBTOTAL of Disbursements This Page (optional) ▶

745.56

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) Vojo Design <hr/> Mailing Address 1486 Westbury Way #H <hr/> City Lehi State UT Zip Code 84043- <hr/> Purpose of Disbursement Design services Candidate Name Category/ Type <hr/> 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: 81126.E339 Date of Disbursement 10 / 17 / 2008 <hr/> Amount of Each Disbursement this Period 300.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 DESIGN SERVICES
B.	Full Name (Last, First, Middle Initial) Zions Bank <hr/> Mailing Address PO Box 30709 <hr/> City Salt Lake City State UT Zip Code 84130-0709 <hr/> Purpose of Disbursement Merchant account fees Candidate Name Category/ Type <hr/> 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: 81126.E340 Date of Disbursement 10 / 16 / 2008 <hr/> Amount of Each Disbursement this Period 4.64 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 MERCHANT ACCOUNT FEES
C.	Full Name (Last, First, Middle Initial) Zions Bank <hr/> Mailing Address PO Box 30709 <hr/> City Salt Lake City State UT Zip Code 84130-0709 <hr/> Purpose of Disbursement Merchant account fees Candidate Name Category/ Type <hr/> 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: 81126.E341 Date of Disbursement 10 / 16 / 2008 <hr/> Amount of Each Disbursement this Period 5.95 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 MERCHANT ACCOUNT FEES

SUBTOTAL of Disbursements This Page (optional) ▶

310.59

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 45 / 45

<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

Transaction ID: 81126.E370
Date of Disbursement

Mailing Address PO Box 30709

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	7		2	0	0	8

City State Zip Code
Salt Lake City UT 84130-0709

Amount of Each Disbursement this Period

54.19

Purpose of Disbursement
Merchant account fees
Candidate Name

Category/ Type

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

Office Sought: House
 Senate
 President
State: District:

Disbursement For: Primary General
 Other (specify) ▼

MERCHANT ACCOUNT FEES

B.

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

Transaction ID: 81126.E342
Date of Disbursement

Mailing Address PO Box 30709

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

City State Zip Code
Salt Lake City UT 84130-0709

Amount of Each Disbursement this Period

387.45

Purpose of Disbursement
Merchant account fees
Candidate Name

Category/ Type

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

Office Sought: House
 Senate
 President
State: District:

Disbursement For: Primary General
 Other (specify) ▼

MERCHANT ACCOUNT FEES

SUBTOTAL of Disbursements This Page (optional)

441.64

TOTAL This Period (last page this line number only)

62374.99
