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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Friends of Jason Chaffetz 315 Westfield Circle ADDRESS (number and street) (Check if address is changed) Alpine 84004 UT CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS campaignscc@gmail.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2012 C00431684 FEC IDENTIFICATION NUMBER > 3. X OR IS THIS STATEMENT NEW (N) AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Corie Chan Type or Print Name of Treasurer Corie Chan [Electronically Filed] 80 2012 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: **FEC FORM 1** Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530 Only Local 202-694-1100

FEC F	orm 1 (Revised 02/2009)	Page 2
	COMMITTEE	
Candida	e Committee:	
(a) X	This committee is a principal campaign committee. (Complete the candidate information below.	.)
(b)	This committee is an authorized committee, and is NOT a principal campaign committee. (Con information below.)	nplete the candidate
Name of Candidate	Jason Chaffetz	
Candidate Party Affilia	tion REP Office Sought: X House Senate President	State UT District 03
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate		
Party Co	mmittee:	
(d)	This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Political	Action Committee (PAC):	
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its co	nnected organization is a:
	Corporation Corporation w/o Capital Stock	Labor Organization
	Membership Organization Trade Association	Cooperative
	In addition, this committee is a Lobbyist/Registrant PAC.	
(f)	This committee supports/opposes more than one Federal candidate, and is NOT a separate s committee. (i.e., nonconnected committee)	egregated fund or party
	In addition, this committee is a Lobbyist/Registrant PAC.	
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Joint Fun	draising Representative:	
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for t committees/organizations, at least one of which is an authorized committee of a federal candidate.	•
(h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, none of which is an authorized committee of a federal candidate.	wo or more political
Cor	nmittees Participating in Joint Fundraiser	
1.		
2.	FEC ID number	
3.	FEC ID number	
1		

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Write or Type Committee Name Eriondo of Josep Choffotz	
Friends of Jason Chaffetz	
6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative	e, or Leadership PAC Sponsor
Beehive Victory Fund	
315 Westfield Cir Mailing Address	
	84004
Aprile	
CITY STATE	ZIP CODE
Relationship: Connected Organization Affiliated Committee X Joint Fundraising Represer	ntative Leadership PAC Sponsor
 Custodian of Records: Identify by name, address (phone number optional) and position of the books and records. 	person in possession of committee
Corie Chan Full Name	
PO Box 901483 Mailing Address	
Sandy	84090
Title or Position CITY STATE	ZIP CODE
Treasurer Telephone number	801 - 842 - 1445
3. Treasurer: List the name and address (phone number optional) of the treasurer of the committee any designated agent (e.g., assistant treasurer).	ee; and the name and address of
Full Name Corie Chan of Treasurer	
Mailing Address PO Box 901483	
Sandy	84090
CITY STATE Title or Position Treasurer	ZIP CODE
Telephone number	801 - 842 - 1445

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Full Name of Designated		
Agent		
Mailing Address		
	CITY STATE	ZIP CODE
Title or Position		
safety deposit bo Name of Bank, [Depositories: List all banks or other depositories in which the committee deposits funds, hold exes or maintains funds. Depository, etc. Wells Fargo Bank	s accounts, rents
safety deposit bo	oxes or maintains funds. Depository, etc.	s accounts, rents
safety deposit bo Name of Bank, [Depository, etc. Wells Fargo Bank 207 E. Main Street	ZIP CODE
safety deposit bo Name of Bank, [Depository, etc. Wells Fargo Bank 207 E. Main Street American Fork CITY STATE	
safety deposit bo Name of Bank, I Mailing Address	Depository, etc. Wells Fargo Bank 207 E. Main Street American Fork CITY STATE Depository, etc.	
safety deposit bo Name of Bank, [Mailing Address	Depository, etc. Wells Fargo Bank 207 E. Main Street American Fork CITY STATE	
safety deposit bo Name of Bank, I Mailing Address	Depository, etc. Wells Fargo Bank 207 E. Main Street American Fork CITY STATE Depository, etc.	
safety deposit bo Name of Bank, [Mailing Address Name of Bank, [Depository, etc. Wells Fargo Bank 207 E. Main Street American Fork CITY STATE Depository, etc.	
safety deposit bo Name of Bank, [Mailing Address	Depository, etc. Wells Fargo Bank 207 E. Main Street American Fork CITY STATE Depository, etc.	