

FEC FORM 1

STATEMENT OF ORGANIZATION

(See instructions)

Office use only

1. NAME OF COMMITTEE (in full)

(Check if name is changed)

Example: If typing, type over the lines

12FE4M5

Friends of Jason Chaffetz

ADDRESS (number and street)

175 S. West Temple, Suite 650

(Check if address is changed)

Salt Lake City

UT

84101

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

cchan@cbiz.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

www.chaffetz.com

COMMITTEE'S FAX NUMBER

801-364-9301

2. DATE

MM / DD / YYYY
10 / 04 / 2007

3. FEC IDENTIFICATION NUMBER

C C00431684

4. IS THIS STATEMENT

NEW (N)

OR

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

Type or Print Name of Treasurer **Corie Chan**

Signature of Treasurer Electronically Filed by **Corie Chan**

Date MM / DD / YYYY
10 / 04 / 2007

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. S437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS

Office Use Only				
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For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

FEC FORM 1
(Revised 02/2003)

5. TYPE OF COMMITTEE (Check One)

- (a) 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. (Complete the candidate information below.)

Name of Candidate **Jason Chaffetz**

Candidate Party Affiliation **REP** Office Sought: House Senate President State **UT** District **03**

- (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate

- (d) This committee is a (National, State (or subordinate) committee of the (Democratic, Republican, etc.) Party.

- (e) This committee is a separate segregated fund

- (f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee.

6. Name of Any Connected Organization or Affiliated Committee

Mailing Address

-

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship

Type of Connected Organization:

- Corporation Corporation w/o Capital Stock Labor Organization
- Membership Organization Trade Association Cooperative

Write or Type Committee Name

Friends of Jason Chaffetz

- 7. **Custodian of Records:** Identify by name, address, (phone number -- optional), and position of the person in possession of Committee books and records.

Full Name Corie Chan

Mailing Address 175 S. West Temple, Suite 650

Salt Lake City UT 84101 - -

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

Treasurer Telephone number 801 - 364 - 9300

- 8. **Treasurer:** List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer Corie Chan

Mailing Address 175 S. West Temple, Suite 650

Salt Lake City UT 84101 - -

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

Treasurer Telephone number 801 - 364 - 9300

Full Name of Designated Agent _____

Mailing Address _____

_____ - -

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

_____ Telephone number _____ - _____ - _____

9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

Zions Bank

Mailing Address

6510 South Big Cottonwood Rd.

Salt Lake City

UT

84121

CITY ▲

STATE ▲

ZIP CODE ▲