

SUMMARY PAGE
of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 2 / 41

Write or Type Committee Name
FRIENDS OF MIKE LEE INC.

Report Covering the Period: From: ^M04 / ^D01 / ^Y2012 To: ^M06 / ^D30 / ^Y2012

| | 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)) | , | , | 55535.00 | 467239.00 |
| (b) Total Contribution Refunds (from Line 20(d)) | , | , | 0.00 | 2400.00 |
| (c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)) | , | , | 55535.00 | 464839.00 |
| 7. Net Operating Expenditures | | | | |
| (a) Total Operating Expenditures (from Line 17) | , | , | 50599.34 | 586874.25 |
| (b) Total Offsets to Operating Expenditures (from Line 14) | , | , | 0.00 | 19783.88 |
| (c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)) | , | , | 50599.34 | 567090.37 |
| 8. Cash on Hand at Close of Reporting Period (from Line 27) | , | , | 33795.58 | |
| 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) | , | , | 20278.47 | |

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

13020194514

DETAILED SUMMARY PAGE

FEC Form 3 (Revised 12/2003)

of Receipts

PAGE 3 / 41

Write or Type Committee Name

FRIENDS OF MIKE LEE INC.

Report Covering the Period: From: ^{M M / D D / Y Y Y Y} 04 01 2012 To: ^{M M / D D / Y Y Y Y} 06 30 2012

| I. RECEIPTS | COLUMN A Total This Period | COLUMN B Election Cycle-to-Date |
|---|-------------------------------|------------------------------------|
| 11. CONTRIBUTIONS (other than loans) FROM: | | |
| (a) Individuals/Persons Other Than Political Committees | | |
| (i) Itemized (use Schedule A) | 28400.00 | 276645.00 |
| (ii) Unitemized | 135.00 | 38605.00 |
| (iii) TOTAL of contributions from individuals | 28535.00 | 315250.00 |
| (b) Political Party Committees..... | 0.00 | 1000.00 |
| (c) Other Political Committees (such as PACs) | 27000.00 | 150989.00 |
| (d) The Candidate | 0.00 | 0.00 |
| (e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d)).. | 55535.00 | 467239.00 |
| 12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES | | |
| | 0.00 | 0.00 |
| 13. LOANS: | | |
| (a) Made or Guaranteed by the Candidate..... | 0.00 | 0.00 |
| (b) All Other Loans..... | 0.00 | 0.00 |
| (c) TOTAL LOANS (add Lines 13(a) and (b))..... | 0.00 | 0.00 |
| 14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) | | |
| | 0.00 | 19783.88 |
| 15. OTHER RECEIPTS (Dividends, Interest, etc.) | | |
| | 0.00 | 4.85 |
| 16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... | 55535.00 | 487027.73 |

13020194515

DETAILED SUMMARY PAGE
of Disbursements

| II. DISBURSEMENTS | COLUMN A Total This Period | COLUMN B Election Cycle-to-Date |
|--|-------------------------------|------------------------------------|
| 17. OPERATING EXPENDITURES..... | 50599.34 | 586874.25 |
| 18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES | 0.00 | 0.00 |
| 19. LOAN REPAYMENTS: | | |
| (a) Of Loans Made or Guaranteed by the Candidate..... | 0.00 | 0.00 |
| (b) Of All Other Loans | 0.00 | 0.00 |
| (c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b))..... | 0.00 | 0.00 |
| 20. REFUNDS OF CONTRIBUTIONS TO: | | |
| (a) Individuals/Persons Other Than Political Committees | 0.00 | 2400.00 |
| (b) Political Party Committees..... | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs)..... | 0.00 | 0.00 |
| (d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c))..... | 0.00 | 2400.00 |
| 21. OTHER DISBURSEMENTS | 1500.00 | 9600.00 |
| 22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ► | 52099.34 | 598874.25 |

III. CASH SUMMARY

| | |
|---|----------|
| 23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD..... | 30359.92 |
| 24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3)..... | 55535.00 |
| 25. SUBTOTAL (add Line 23 and Line 24)..... | 85894.92 |
| 26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)..... | 52099.34 |
| 27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)..... | 33795.58 |

13020194516

**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 5 OF 41 |
| <input checked="" type="checkbox"/> 11a 12 | <input type="checkbox"/> 11b 13a |
| <input type="checkbox"/> 11c 13b | <input type="checkbox"/> 11d 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 MIKE LEE INC.

| | | | | |
|--|-------------|---------------------------------------|--|--|
| Full Name (Last, First, Middle Initial) A. SCOTT ANDERSON | | | Date of Receipt M M / D D / Y Y Y Y 06 29 2012 | |
| Mailing Address 1 SOUTH MAIN ST | | | Transaction ID : SA11AI.44655 | |
| City SALT LAKE CITY | State UT | Zip Code 84133 | Amount of Each Receipt this Period , , 1000.00 | |
| FEC ID number of contributing federal political committee. C | | | Amount of Each Receipt this Period , , 1000.00 | |
| Name of Employer ZIONS BANK | | Occupation BANKER | Amount of Each Receipt this Period , , 1000.00 | |
| Receipt For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention | | Election Cycle-to-Date , , 1000.00 | | |

| | | | | |
|--|-------------|--------------------------------------|--|--|
| Full Name (Last, First, Middle Initial) B. JAMES C BARKER | | | Date of Receipt M M / D D / Y Y Y Y 05 18 2012 | |
| Mailing Address 2818 BERRYLAND DR | | | Transaction ID : SA11AI.44697 | |
| City OAKTON | State VA | Zip Code 22124 | Amount of Each Receipt this Period , , 500.00 | |
| FEC ID number of contributing federal political committee. C | | | Amount of Each Receipt this Period , , 500.00 | |
| Name of Employer BARKER PC | | Occupation ATTORNEY | Amount of Each Receipt this Period , , 500.00 | |
| Receipt For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention | | Election Cycle-to-Date , , 500.00 | | |

| | | | | |
|--|-------------|--------------------------------------|--|--|
| Full Name (Last, First, Middle Initial) C. HAVEN BARLOW | | | Date of Receipt M M / D D / Y Y Y Y 06 06 2012 | |
| Mailing Address 552 ELM STREET | | | Transaction ID : SA11AI.44717 | |
| City LAYTON | State UT | Zip Code 84041 | Amount of Each Receipt this Period , , 250.00 | |
| FEC ID number of contributing federal political committee. C | | | Amount of Each Receipt this Period , , 250.00 | |
| Name of Employer RETIRED | | Occupation RETIRED | Amount of Each Receipt this Period , , 250.00 | |
| Receipt For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention | | Election Cycle-to-Date , , 250.00 | | |

| | |
|--|-------------|
| SUBTOTAL of Receipts This Page (optional) | , , 1750.00 |
| TOTAL This Period (last page this line number only) | , , |

13020194517

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

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

| | |
|---|------------------------------|
| FOR LINE NUMBER: (check only one) | PAGE 6 OF 41 |
| <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 MIKE LEE INC.

| | | | | |
|--|--------------------|--------------------------------|--|--|
| Full Name (Last, First, Middle Initial) STEWART BARLOW | | | Date of Receipt M M / D D / Y Y Y Y 06 06 2012 | |
| Mailing Address 940 SIGNAL HILL | | | Transaction ID : SA11AI.44715 | |
| City FRUIT HEIGHTS | State UT | Zip Code 84037 | Amount of Each Receipt this Period | |
| FEC ID number of contributing federal political committee. C | | | , , 250.00 | |
| Name of Employer SELF EMPLOYED | | Occupation PHYSICIAN | | |
| Receipt For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention | | Election Cycle-to-Date | , , 250.00 | |

| | | | | |
|--|--------------------|----------------------------|--|--|
| Full Name (Last, First, Middle Initial) DAVID BOCKORNY | | | Date of Receipt M M / D D / Y Y Y Y 06 18 2012 | |
| Mailing Address 1101 16TH STREET STE 500 | | | Transaction ID : SA11AI.44668 | |
| City WASHINGTON | State DC | Zip Code 20036 | Amount of Each Receipt this Period | |
| FEC ID number of contributing federal political committee. C | | | , , 500.00 | |
| Name of Employer BOCKORNY GROUP | | Occupation OWNER | | |
| Receipt For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention | | Election Cycle-to-Date | , , 500.00 | |

| | | | | |
|--|--------------------|--------------------------|--|--|
| Full Name (Last, First, Middle Initial) LEW CRAMER | | | Date of Receipt M M / D D / Y Y Y Y 06 06 2012 | |
| Mailing Address 171 3RD AVENUE #513 | | | Transaction ID : SA11AI.44719 | |
| City SALT LAKE CITY | State UT | Zip Code 84103 | Amount of Each Receipt this Period | |
| FEC ID number of contributing federal political committee. C | | | , , 500.00 | |
| Name of Employer WORLD TRADE CENTER UTAH | | Occupation CEO | | |
| Receipt For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention | | Election Cycle-to-Date | , , 500.00 | |

| | |
|---|-------------|
| SUBTOTAL of Receipts This Page (optional)..... | , , 1250.00 |
| TOTAL This Period (last page this line number only)..... | , , . |

13020194518

**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 7 OF 41 | | | | |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 12 | <input type="checkbox"/> 11b <input type="checkbox"/> 13a | <input type="checkbox"/> 11c <input type="checkbox"/> 13b | <input type="checkbox"/> 11d <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
FRIENDS OF MIKE LEE INC.

| | | | | | |
|--|-------|------------------------|--|--|--|
| Full Name (Last, First, Middle Initial) PAUL D EDWARDS | | | Date of Receipt M M / D D / Y Y Y Y 06 18 2012 | | |
| Mailing Address 551 ABBEY RD | | | Transaction ID : SA11AI.44675 | | |
| City | State | Zip Code | Amount of Each Receipt this Period | | |
| BARTLETT | IL | 60103 | , , 1000.00 | | |
| FEC ID number of contributing federal political committee. C | | | Amount of Each Receipt this Period | | |
| Name of Employer | | Occupation | , , 1000.00 | | |
| Receipt For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention | | Election Cycle-to-Date | , , 1000.00 | | |

| | | | | | |
|--|-------|------------------------|--|--|--|
| Full Name (Last, First, Middle Initial) MARCUS FAUST | | | Date of Receipt M M / D D / Y Y Y Y 05 18 2012 | | |
| Mailing Address 3008 APPLE BROOK LN | | | Transaction ID : SA11AI.44736 | | |
| City | State | Zip Code | Amount of Each Receipt this Period | | |
| OAKTON | VA | 22124 | , , 1000.00 | | |
| FEC ID number of contributing federal political committee. C | | | Amount of Each Receipt this Period | | |
| Name of Employer | | Occupation | , , 1000.00 | | |
| SELF EMPLOYED | | ATTORNEY | , , 1000.00 | | |
| Receipt For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention | | Election Cycle-to-Date | , , 1000.00 | | |

| | | | | | |
|--|-------|------------------------|--|--|--|
| Full Name (Last, First, Middle Initial) ALLEN DAVID FREEMYER | | | Date of Receipt M M / D D / Y Y Y Y 05 18 2012 | | |
| Mailing Address 2015 48TH STREET NW | | | Transaction ID : SA11AI.44695 | | |
| City | State | Zip Code | Amount of Each Receipt this Period | | |
| WASHINGTON | DC | 20007 | , , 500.00 | | |
| FEC ID number of contributing federal political committee. C | | | Amount of Each Receipt this Period | | |
| Name of Employer | | Occupation | , , 500.00 | | |
| ALLDN D FREEMYER ESQ | | ATTORNEY | , , 500.00 | | |
| Receipt For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention | | Election Cycle-to-Date | , , 500.00 | | |

| | |
|---|-------------|
| SUBTOTAL of Receipts This Page (optional)..... | , , 2500.00 |
| TOTAL This Period (last page this line number only)..... | , , |

13020194519

**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 OF 41 | | | | | | | |
| <input checked="" type="checkbox"/> | 11a | <input type="checkbox"/> | 11b | <input type="checkbox"/> | 11c | <input type="checkbox"/> | 11d | <input type="checkbox"/> | 15 |
| | 12 | | 13a | | 13b | | 14 | | |

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NAME OF COMMITTEE (In Full)
FRIENDS OF MIKE LEE INC.

| | | | | | |
|--|-------------|---------------------------------------|--|--|--|
| A. Full Name (Last, First, Middle Initial) JOSEPH H GIBSON | | | Date of Receipt M M / D D / Y Y Y Y 06 18 2012 | | |
| Mailing Address 5040 GREENBROOK TER NW | | | Transaction ID : SA11AI.44669 | | |
| City WASHINGTON | State DC | Zip Code 20016 | Amount of Each Receipt this Period , , 1000.00 | | |
| FEC ID number of contributing federal political committee. C | | | Amount of Each Receipt this Period , , 1000.00 | | |
| Name of Employer THE GIBSON GROUP | | Occupation OWNER | Amount of Each Receipt this Period , , 1000.00 | | |
| Receipt For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention | | Election Cycle-to-Date , , 1000.00 | Amount of Each Receipt this Period , , 1000.00 | | |
| B. Full Name (Last, First, Middle Initial) SIDNEY GREENBERGER | | | Date of Receipt M M / D D / Y Y Y Y 06 29 2012 | | |
| Mailing Address 971 E 24TH ST | | | Transaction ID : SA11AI.44661 | | |
| City BROOKLYN | State NY | Zip Code 11210 | Amount of Each Receipt this Period , , 1000.00 | | |
| FEC ID number of contributing federal political committee. C | | | Amount of Each Receipt this Period , , 1000.00 | | |
| Name of Employer ARISTACARE HEALTH SERVICES | | Occupation CEO | Amount of Each Receipt this Period , , 1000.00 | | |
| Receipt For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention | | Election Cycle-to-Date , , 1000.00 | Amount of Each Receipt this Period , , 1000.00 | | |
| C. Full Name (Last, First, Middle Initial) JAMES HICKS | | | Date of Receipt M M / D D / Y Y Y Y 04 22 2012 | | |
| Mailing Address PO BOX 155 | | | Transaction ID : SA11AI.44735 | | |
| City OAKTON | State VA | Zip Code 22124 | Amount of Each Receipt this Period , , 200.00 | | |
| FEC ID number of contributing federal political committee. C | | | Amount of Each Receipt this Period , , 200.00 | | |
| Name of Employer US GOVERNMENT | | Occupation ATTORNEY | Amount of Each Receipt this Period , , 200.00 | | |
| Receipt For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention | | Election Cycle-to-Date , , 400.00 | Amount of Each Receipt this Period , , 400.00 | | |
| SUBTOTAL of Receipts This Page (optional)..... | | | , , 2200.00 | | |
| TOTAL This Period (last page this line number only)..... | | | , , | | |

12020194520

**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 9 OF 41 |
| <input checked="" type="checkbox"/> 11a 12 | <input type="checkbox"/> 11b 13a |
| <input type="checkbox"/> 11c 13b | <input type="checkbox"/> 11d 14 |
| <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
FRIENDS OF MIKE LEE INC.

| | | | |
|---|-------------------------------------|--|--|
| Full Name (Last, First, Middle Initial) RACHEL HICKS | | Date of Receipt M M / D D / Y Y Y Y 04 22 2012 | |
| Mailing Address PO BOX 155 | | Transaction ID : SA11AI.44734 | |
| City OAKTON | State VA | Amount of Each Receipt this Period , , 200.00 | |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period , , 200.00 | |
| Name of Employer N/A | Occupation STUDENT | Amount of Each Receipt this Period , , 200.00 | |
| Receipt For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention | | Election Cycle-to-Date , , 400.00 | |
| Full Name (Last, First, Middle Initial) JACK IBRAM | | Date of Receipt M M / D D / Y Y Y Y 06 06 2012 | |
| Mailing Address 1953 LONGBENCH DRIVE | | Transaction ID : SA11AI.44712 | |
| City DRAPER | State UT | Amount of Each Receipt this Period , , 2500.00 | |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period , , 2500.00 | |
| Name of Employer NPEC, LLC | Occupation BUSINESS OWNER | Amount of Each Receipt this Period , , 2500.00 | |
| Receipt For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention | | Election Cycle-to-Date , , 2500.00 | |
| Full Name (Last, First, Middle Initial) JACK IBRAM | | Date of Receipt M M / D D / Y Y Y Y 06 06 2012 | |
| Mailing Address 1953 LONGBENCH DRIVE | | Transaction ID : SA11AI.44714 | |
| City DRAPER | State UT | Amount of Each Receipt this Period , , 2500.00 | |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period , , 2500.00 | |
| Name of Employer NPEC, LLC | Occupation BUSINESS OWNER | Amount of Each Receipt this Period , , 2500.00 | |
| Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | Election Cycle-to-Date , , 5000.00 | |
| SUBTOTAL of Receipts This Page (optional) | | , , 5200.00 | |
| TOTAL This Period (last page this line number only) | | , , . | |

12020194521

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

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

FOR LINE NUMBER: PAGE 10 OF 41
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
FRIENDS OF MIKE LEE INC.

A. Full Name (Last, First, Middle Initial)
LISA INBAR

Mailing Address **1953 LONGBENCH DRIVE**

City **DRAPER** State **UT** Zip Code **84020**

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

Name of Employer **NPEC, LLC** Occupation **BUSINESS OWNER**

Receipt For: 2016
 Primary General
 Other (specify) **Convention**

Election Cycle-to-Date
 , , **2500.00**

Date of Receipt
 M M / D D / Y Y Y Y
 06 06 2012

Transaction ID : **SA11AI.44709**

Amount of Each Receipt this Period
 , , **2500.00**

B. Full Name (Last, First, Middle Initial)
LISA INBAR

Mailing Address **1953 LONGBENCH DRIVE**

City **DRAPER** State **UT** Zip Code **84020**

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

Name of Employer **NPEC, LLC** Occupation **BUSINESS OWNER**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
 , , **5000.00**

Date of Receipt
 M M / D D / Y Y Y Y
 06 06 2012

Transaction ID : **SA11AI.44711**

Amount of Each Receipt this Period
 , , **2500.00**

C. Full Name (Last, First, Middle Initial)
LAURA JONES

Mailing Address **1 CENTRE COURT**

City **GREENVILLE** State **DE** Zip Code **19807**

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

Name of Employer **PACHULSKI, STANG, ZIEHL & JONE** Occupation **ATTORNEY**

Receipt For: 2016
 Primary General
 Other (specify) **Convention**

Election Cycle-to-Date
 , , **2000.00**

Date of Receipt
 M M / D D / Y Y Y Y
 06 28 2012

Transaction ID : **SA11AI.44705**

Amount of Each Receipt this Period
 , , **2000.00**

SUBTOTAL of Receipts This Page (optional).....
 , , **7000.00**

TOTAL This Period (last page this line number only).....
 , , **7000.00**

12020194522

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 11 OF 41 |
| <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 MIKE LEE INC.

| | | | | |
|--|-------------|---------------------------------------|--|--|
| Full Name (Last, First, Middle Initial) A. IRA KHARASCH | | | Date of Receipt M M / D D / Y Y Y Y 06 28 2012 | |
| Mailing Address 930 5TH STREET #202 | | | Transaction ID : SA11AI.44707 | |
| City SANTA MONICA | State CA | Zip Code 90403 | Amount of Each Receipt this Period , , 2000.00 | |
| FEC ID number of contributing federal political committee. C | | | Amount of Each Receipt this Period , , 2000.00 | |
| Name of Employer PACHULSKI, STANG, ZIEHL & JONE | | Occupation ATTORNEY | , , 2000.00 | |
| Receipt For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention | | Election Cycle-to-Date , , 2000.00 | , , 2000.00 | |
| Full Name (Last, First, Middle Initial) B. DAVID B LEE | | | Date of Receipt M M / D D / Y Y Y Y 05 18 2012 | |
| Mailing Address 1511 NIGHTSHADE COURT | | | Transaction ID : SA11AI.44691 | |
| City VIENNA | State VA | Zip Code 22182 | Amount of Each Receipt this Period , , 500.00 | |
| FEC ID number of contributing federal political committee. C | | | Amount of Each Receipt this Period , , 500.00 | |
| Name of Employer LEE & SMITH | | Occupation ATTORNEY | , , 500.00 | |
| Receipt For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention | | Election Cycle-to-Date , , 500.00 | , , 500.00 | |
| Full Name (Last, First, Middle Initial) C. MICHAEL T LEE | | | Date of Receipt M M / D D / Y Y Y Y 05 18 2012 | |
| Mailing Address 1906 WINDSOR HUNT CT | | | Transaction ID : SA11AI.44699 | |
| City VIENNA | State VA | Zip Code 22182 | Amount of Each Receipt this Period , , 500.00 | |
| FEC ID number of contributing federal political committee. C | | | Amount of Each Receipt this Period , , 500.00 | |
| Name of Employer BENNETT CONSULTING GROUP | | Occupation LOBBYIST | , , 500.00 | |
| Receipt For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention | | Election Cycle-to-Date , , 500.00 | , , 500.00 | |
| SUBTOTAL of Receipts This Page (optional)..... | | | , , 3000.00 | |
| TOTAL This Period (last page this line number only)..... | | | , , | |

13020194523

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

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

FOR LINE NUMBER: PAGE 12 OF 41
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
FRIENDS OF MIKE LEE INC.

A. Full Name (Last, First, Middle Initial)
BRADFORD J SANDLER

Mailing Address **620 FOX FIELDS RD**

City **BRYN MAWR** State **PA** Zip Code **19010**

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

Name of Employer _____ Occupation _____

Receipt For: 2016
 Primary General
 Other (specify) **Convention**

Election Cycle-to-Date _____

Date of Receipt
M M / D D / Y Y Y Y
06 29 2012

Transaction ID : **SA11AI.44657**

Amount of Each Receipt this Period
_____, _____, **1000.00**

_____, _____, **1000.00**

B. Full Name (Last, First, Middle Initial)
ILAN SCHARF

Mailing Address **62 DONALD DRIVE**

City **NEW ROCHELLE** State **NY** Zip Code **10804**

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

Name of Employer **PACHULSKI, STANG, ZIEHL & JONE** Occupation **ATTORNEY**

Receipt For: 2016
 Primary General
 Other (specify) **Convention**

Election Cycle-to-Date _____

Date of Receipt
M M / D D / Y Y Y Y
06 28 2012

Transaction ID : **SA11AI.44703**

Amount of Each Receipt this Period
_____, _____, **500.00**

_____, _____, **500.00**

C. Full Name (Last, First, Middle Initial)
RACHEL COHEN SKYDELL

Mailing Address **441 W END AVE 8B**

City **NEW YORK** State **NY** Zip Code **10024**

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

Name of Employer _____ Occupation _____

Receipt For: 2016
 Primary General
 Other (specify) **Convention**

Election Cycle-to-Date _____

Date of Receipt
M M / D D / Y Y Y Y
06 29 2012

Transaction ID : **SA11AI.44651**

Amount of Each Receipt this Period
_____, _____, **2000.00**

_____, _____, **2000.00**

SUBTOTAL of Receipts This Page (optional) _____, _____, **3500.00**

TOTAL This Period (last page this line number only) _____, _____, _____

13020194524

**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 13 OF 41 | | | | |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 12 | <input type="checkbox"/> 11b <input type="checkbox"/> 13a | <input type="checkbox"/> 11c <input type="checkbox"/> 13b | <input type="checkbox"/> 11d <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
FRIENDS OF MIKE LEE INC.

| | | | | | |
|---|-------------|--------------------------------------|--|--|--|
| Full Name (Last, First, Middle Initial) FRANK A SMITH | | | Date of Receipt M M / D D / Y Y Y Y 06 18 2012 | | |
| Mailing Address 405 MOUNTAIN BERRY DR | | | Transaction ID : SA11AI.44671 | | |
| City DRAPER | State UT | Zip Code 84020 | Amount of Each Receipt this Period | | |
| FEC ID number of contributing federal political committee. C | | | , , 500.00 | | |
| Name of Employer UT DEPARTMENT OF JUSTICE | | Occupation SPECIAL AGEN IN CHARGE | | | |
| Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention | | Election Cycle-to-Date | , , 500.00 | | |

| | | | | | |
|---|-------------|------------------------|--|--|--|
| Full Name (Last, First, Middle Initial) TIMOTHY STEWART | | | Date of Receipt M M / D D / Y Y Y Y 05 18 2012 | | |
| Mailing Address 6433 SHADY LANE | | | Transaction ID : SA11AI.44693 | | |
| City FALLS CHURCH | State VA | Zip Code 22042 | Amount of Each Receipt this Period | | |
| FEC ID number of contributing federal political committee. C | | | , , 500.00 | | |
| Name of Employer AMERICAN CAPITOL GROUP | | Occupation PARTNER | | | |
| Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention | | Election Cycle-to-Date | , , 500.00 | | |

| | | | | | |
|---|-------------|--------------------------|--|--|--|
| Full Name (Last, First, Middle Initial) JEFFREY THOMAS | | | Date of Receipt M M / D D / Y Y Y Y 06 18 2012 | | |
| Mailing Address 2805 SACKETT DR | | | Transaction ID : SA11AI.44673 | | |
| City PARK CITY | State UT | Zip Code 84098 | Amount of Each Receipt this Period | | |
| FEC ID number of contributing federal political committee. C | | | , , 500.00 | | |
| Name of Employer Unemployed | | Occupation Unemployed | | | |
| Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention | | Election Cycle-to-Date | , , 500.00 | | |

| | |
|---|-------------|
| SUBTOTAL of Receipts This Page (optional)..... | , , 1500.00 |
| TOTAL This Period (last page this line number only)..... | , , . |

13020194525

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

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

FOR LINE NUMBER: PAGE 14 OF 41
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
FRIENDS OF MIKE LEE INC.

A. Full Name (Last, First, Middle Initial)
TODD THORPE

Mailing Address **1101 16TH STREET, NW STE 500**

City **WASHINGTON** State **DC** Zip Code **20036**

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

Name of Employer **BOCKORNY GROUP** Occupation **PRINCIPAL**

Receipt For: 2016
 Primary General
 Other (specify) **Convention**

Election Cycle-to-Date
 , , . **500.00**

Date of Receipt
 M M / D D / Y Y Y Y
05 21 2012

Transaction ID : **SA11AI.44730**

Amount of Each Receipt this Period
 , , . **500.00**

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
 , , .

Date of Receipt
 M M / D D / Y Y Y Y

Amount of Each Receipt this Period
 , , .

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
 , , .

Date of Receipt
 M M / D D / Y Y Y Y

Amount of Each Receipt this Period
 , , .

SUBTOTAL of Receipts This Page (optional).....
 , , . **500.00**

TOTAL This Period (last page this line number only).....
 , , . **28400.00**

13020194526

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 15 OF 41 | | | |
| | <input type="checkbox"/> 11a 12 | <input type="checkbox"/> 11b 13a | <input checked="" type="checkbox"/> 11c 13b | <input type="checkbox"/> 11d 14 | <input type="checkbox"/> 15 |

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NAME OF COMMITTEE (In Full)
FRIENDS OF MIKE LEE INC.

| | | | | | |
|---|-------------|-------------------|--|--|--|
| Full Name (Last, First, Middle Initial) BINGHAM MCCUTCHEN LLP PAC | | | Date of Receipt M M / D D / Y Y Y Y 06 18 2012 | | |
| Mailing Address 2020 K STREET NW | | | Transaction ID : SA11C.44680 | | |
| City WASHINGTON | State DC | Zip Code 20006 | Amount of Each Receipt this Period 1000.00 | | |
| FEC ID number of contributing federal political committee. C C00165621 | | | Name of Employer | | |
| Name of Employer | | Occupation | Election Cycle-to-Date 1000.00 | | |
| Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | | | | |

| | | | | | |
|---|-------------|-------------------|--|--|--|
| Full Name (Last, First, Middle Initial) CAREMARK RX | | | Date of Receipt M M / D D / Y Y Y Y 06 29 2012 | | |
| Mailing Address 1300 I STREET, NW STE 525 WEST | | | Transaction ID : SA11C.44649 | | |
| City WASHINGTON | State DC | Zip Code 20005 | Amount of Each Receipt this Period 1000.00 | | |
| FEC ID number of contributing federal political committee. C | | | Name of Employer | | |
| Name of Employer | | Occupation | Election Cycle-to-Date 1000.00 | | |
| Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | | | | |

| | | | | | |
|---|-------------|-------------------|--|--|--|
| Full Name (Last, First, Middle Initial) CENTURYLINK INC. EMPLOYEES' POLITICAL ACTION COMMITTEE | | | Date of Receipt M M / D D / Y Y Y Y 06 18 2012 | | |
| Mailing Address 1099 NEW YORK AVENUE NW SUITE 250 | | | Transaction ID : SA11C.44685 | | |
| City WASHINGTON | State DC | Zip Code 20001 | Amount of Each Receipt this Period 2000.00 | | |
| FEC ID number of contributing federal political committee. C C00419911 | | | Name of Employer | | |
| Name of Employer | | Occupation | Election Cycle-to-Date 2000.00 | | |
| Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | | | | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional) | 4000.00 |
| TOTAL This Period (last page this line number only) | |

13020194527

**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 16 OF 41 |
| | <input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
FRIENDS OF MIKE LEE INC.

| | | | |
|--|---|--|--|
| Full Name (Last, First, Middle Initial) DELTA AIR LINES POLITICAL ACTION COMMITTEE | | Date of Receipt M M / D D / Y Y Y Y 06 18 2012 | |
| Mailing Address 1212 New York Avenue NW Suite 200 | | Transaction ID : SA11C.44682 | |
| City Washington State DC Zip Code 20005 | Amount of Each Receipt this Period , , 2000.00 | | |
| FEC ID number of contributing federal political committee. C C00104802 | Amount of Each Receipt this Period , , 3000.00 | | |
| Name of Employer Occupation | Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Election Cycle-to-Date , , 3000.00 | | |

| | | | |
|---|---|--|--|
| Full Name (Last, First, Middle Initial) EXPRESS SCRIPTS INC. POLITICAL FUND (A/K/A EXPRESS SCRIPTS PAC) | | Date of Receipt M M / D D / Y Y Y Y 06 29 2012 | |
| Mailing Address ONE EXPRESS WAY | | Transaction ID : SA11C.44664 | |
| City ST. LOUIS State MO Zip Code 63121 | Amount of Each Receipt this Period , , 5000.00 | | |
| FEC ID number of contributing federal political committee. C C00365072 | Amount of Each Receipt this Period , , 5000.00 | | |
| Name of Employer Occupation | Receipt For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) Election Cycle-to-Date , , 5000.00 | | |

| | | | |
|--|--|--|--|
| Full Name (Last, First, Middle Initial) LIFEPOINT HOSPITALS INC GOOD GOVERNMENT FUND | | Date of Receipt M M / D D / Y Y Y Y 06 18 2012 | |
| Mailing Address 103 POWELL COURT SUITE 200 | | Transaction ID : SA11C.44678 | |
| City BRENTWOOD State TN Zip Code 37027 | Amount of Each Receipt this Period , , 2500.00 | | |
| FEC ID number of contributing federal political committee. C C00347955 | Amount of Each Receipt this Period , , 2500.00 | | |
| Name of Employer Occupation | Receipt For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention Election Cycle-to-Date , , 2500.00 | | |

| | |
|---|-------------|
| SUBTOTAL of Receipts This Page (optional)..... | , , 9500.00 |
| TOTAL This Period (last page this line number only)..... | , , |

13020194529

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 17 OF 41 | |
| | <input type="checkbox"/> 11a 12 | <input type="checkbox"/> 11b 13a | <input checked="" type="checkbox"/> 11c 13b | <input type="checkbox"/> 11d 14 |

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NAME OF COMMITTEE (In Full)
FRIENDS OF MIKE LEE INC.

| | | |
|---|-----------------------------------|--|
| Full Name (Last, First, Middle Initial) MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (A.K.A. MEDCO HEALTH PAC) | | Date of Receipt M M / D D / Y Y Y Y 06 29 2012 |
| A. Mailing Address 2350 KERNER BLVD., SUITE 250 | | Transaction ID : SA11C.44666 |
| City SAN RAFAEL | State CA | |
| FEC ID number of contributing federal political committee. C C00384362 | | Amount of Each Receipt this Period 5000.00 |
| Name of Employer | Occupation | , , . |
| Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Election Cycle-to-Date 5000.00 | |

| | | |
|--|-----------------------------------|--|
| Full Name (Last, First, Middle Initial) NAIOP-PAC | | Date of Receipt M M / D D / Y Y Y Y 06 18 2012 |
| B. Mailing Address 2201 COOPERATIVE WAY 3RD FLOOR | | Transaction ID : SA11C.44683 |
| City HERNDON | State VA | |
| FEC ID number of contributing federal political committee. C C00233304 | | Amount of Each Receipt this Period 2500.00 |
| Name of Employer | Occupation | , , . |
| Receipt For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention | Election Cycle-to-Date 2500.00 | |

| | | |
|---|-----------------------------------|--|
| Full Name (Last, First, Middle Initial) NATIONAL ASSOCIATION OF BROADCASTERS POLITICAL ACTION COMMITTEE (NABPAC) | | Date of Receipt M M / D D / Y Y Y Y 05 18 2012 |
| C. Mailing Address 1771 N Street NW | | Transaction ID : SA11C.44689 |
| City Washington | State DC | |
| FEC ID number of contributing federal political committee. C C00009985 | | Amount of Each Receipt this Period 2500.00 |
| Name of Employer | Occupation | , , . |
| Receipt For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | Election Cycle-to-Date 5000.00 | |

| | | |
|---|-------|----------|
| SUBTOTAL of Receipts This Page (optional)..... | , , . | 10000.00 |
| TOTAL This Period (last page this line number only)..... | , , . | . |

13020194529

**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 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 |
|---|------------------------------------|-------------------------------------|------------------------------------|

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NAME OF COMMITTEE (In Full)
FRIENDS OF MIKE LEE INC.

Full Name (Last, First, Middle Initial)

A. American Express

Mailing Address P.O. Box 360001

City State Zip Code
Ft. Lauderdale FL 33336

Purpose of Disbursement
MERCHANT FEE

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) Convention

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
04 03 2012

Amount of Each Disbursement this Period

, , 7.95
Transaction ID : SB17.44534

Category/
Type

B. American Express

Mailing Address P.O. Box 360001

City State Zip Code
Ft. Lauderdale FL 33336

Purpose of Disbursement
MERCHANT FEE

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) Convention

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
05 03 2012

Amount of Each Disbursement this Period

, , 7.95
Transaction ID : SB17.44570

Category/
Type

C. American Express

Mailing Address P.O. Box 360001

City State Zip Code
Ft. Lauderdale FL 33336

Purpose of Disbursement
MERCHANT FEE

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) Convention

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
06 04 2012

Amount of Each Disbursement this Period

, , 7.95
Transaction ID : SB17.44601

Category/
Type

SUBTOTAL of Disbursements This Page (optional)..... , , 23.85

TOTAL This Period (last page this line number only)..... , , .

13020194531

**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 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 |
|---|------------------------------------|-------------------------------------|------------------------------------|

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NAME OF COMMITTEE (In Full)
FRIENDS OF MIKE LEE INC.

Full Name (Last, First, Middle Initial)

A. Arena Communications

Mailing Address 1780 Sequoia Vista Cir.

City State Zip Code
Salt Lake City UT 84104

Purpose of Disbursement
MARKETING/PRINTING

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) Convention

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
05 18 2012

Amount of Each Disbursement this Period

9384.11

Transaction ID : SB17.44625

B. AT&T

Mailing Address P.O. Box 6463

City State Zip Code
Carol Stream IL 60197

Purpose of Disbursement
TELEPHONE

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) Convention

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
04 02 2012

Amount of Each Disbursement this Period

194.69

Transaction ID : SB17.44531

C. AT&T

Mailing Address P.O. Box 6463

City State Zip Code
Carol Stream IL 60197

Purpose of Disbursement
TELEPHONE

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) Convention

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
04 16 2012

Amount of Each Disbursement this Period

129.07

Transaction ID : SB17.44561

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

9707.87

TOTAL This Period (last page this line number only).....

12020194532

**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 21 OF 41

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <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 MIKE LEE INC.

Full Name (Last, First, Middle Initial)

A. AT&T

Date of Disbursement

M M / D D / Y Y Y Y
04 23 2012

Mailing Address P.O. Box 6463

City State Zip Code
Carol Stream IL 60197

Amount of Each Disbursement this Period

Purpose of Disbursement
TELEPHONE

14.99

Transaction ID : SB17.44568

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) Convention

State: District:

B. AT&T

Date of Disbursement

M M / D D / Y Y Y Y
05 15 2012

Mailing Address P.O. Box 6463

City State Zip Code
Carol Stream IL 60197

Amount of Each Disbursement this Period

Purpose of Disbursement
TELEPHONE

128.92

Transaction ID : SB17.44577

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) Convention

State: District:

C. AT&T

Date of Disbursement

M M / D D / Y Y Y Y
06 14 2012

Mailing Address P.O. Box 6463

City State Zip Code
Carol Stream IL 60197

Amount of Each Disbursement this Period

Purpose of Disbursement
TELEPHONE

133.54

Transaction ID : SB17.44620

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) Convention

State: District:

SUBTOTAL of Disbursements This Page (optional)..... 277.45

TOTAL This Period (last page this line number only).....

13020194533

**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 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 |
|---|------------------------------------|-------------------------------------|------------------------------------|

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NAME OF COMMITTEE (In Full)
FRIENDS OF MIKE LEE INC.

Full Name (Last, First, Middle Initial)

A. BANKCARD

Date of Disbursement

M M / D D / Y Y Y Y
06 04 2012

Mailing Address

City State Zip Code

Amount of Each Disbursement this Period

Purpose of Disbursement
MERCHANT FEE

261.60

Transaction ID : SB17.44739

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) Convention

State: District:

B. CAPITAL HILL CLUB

Date of Disbursement

M M / D D / Y Y Y Y
05 17 2012

Mailing Address 300 FIRST ST

City State Zip Code

WASHINGTON DC 20003

Amount of Each Disbursement this Period

Purpose of Disbursement
MEETING

346.30

Transaction ID : SB17.44580

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) Convention

State: District:

C. CAPITAL HILL CLUB

Date of Disbursement

M M / D D / Y Y Y Y
05 17 2012

Mailing Address 300 FIRST ST

City State Zip Code

WASHINGTON DC 20003

Amount of Each Disbursement this Period

Purpose of Disbursement
MEETING

44.00

Transaction ID : SB17.44581

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) Convention

State: District:

SUBTOTAL of Disbursements This Page (optional)..... 651.90

TOTAL This Period (last page this line number only).....

12020194534

**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 MIKE LEE INC.

| | | | |
|--|--|---|-------------------|
| Full Name (Last, First, Middle Initial) A. DA NICO RESTAURANT | | Date of Disbursement M M / D D / Y Y Y Y 04 09 2012 | |
| Mailing Address 164 MULBERRY STREET | | Amount of Each Disbursement this Period , , . 215.99 Transaction ID : SB17.44549 | |
| City NEW YORK State NY Zip Code 10013 | Purpose of Disbursement TRAVEL | Candidate Name | Category/ Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention | | | |
| State: _____ District: _____ | | | |
| Full Name (Last, First, Middle Initial) B. Delta Air | | Date of Disbursement M M / D D / Y Y Y Y 05 23 2012 | |
| Mailing Address 776 North Terminal Drive | | Amount of Each Disbursement this Period , , . 1039.60 Transaction ID : SB17.44587 | |
| City Salt lake City State UT Zip Code 84116 | Purpose of Disbursement TRAVEL | Candidate Name | Category/ Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention | | | |
| State: _____ District: _____ | | | |
| Full Name (Last, First, Middle Initial) C. Delta Air | | Date of Disbursement M M / D D / Y Y Y Y 05 30 2012 | |
| Mailing Address 776 North Terminal Drive | | Amount of Each Disbursement this Period , , . 180.00 Transaction ID : SB17.44596 | |
| City Salt lake City State UT Zip Code 84116 | Purpose of Disbursement TRAVEL | Candidate Name | Category/ Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention | | | |
| State: _____ District: _____ | | | |
| SUBTOTAL of Disbursements This Page (optional)..... | | , , . 1435.59 | |
| TOTAL This Period (last page this line number only)..... | | , , . | |

12020194536

**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 25 OF 41 |
| | <input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21 | |

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NAME OF COMMITTEE (In Full)
FRIENDS OF MIKE LEE INC.

| | | |
|---|--|--|
| A. FOLEY & LARDNER LLP Full Name (Last, First, Middle Initial) Mailing Address 3000 K STREET NW City WASHINGTON State DC Zip Code 20007 Purpose of Disbursement ATTORNEY FEES Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention State: District: | | Date of Disbursement M M / D D / Y Y Y Y 06 18 2012 Amount of Each Disbursement this Period , , . 2310.93 Transaction ID : SB17.44647 |
|---|--|--|

| | | |
|---|--|--|
| B. FOLEY & LARDNER LLP Full Name (Last, First, Middle Initial) Mailing Address 3000 K STREET NW City WASHINGTON State DC Zip Code 20007 Purpose of Disbursement ATTORNEY FEES Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention State: District: | | Date of Disbursement M M / D D / Y Y Y Y 06 18 2012 Amount of Each Disbursement this Period , , . 1689.07 Transaction ID : SB17.44648 |
|---|--|--|

| | | |
|--|--|--|
| C. GIANT FOOD Full Name (Last, First, Middle Initial) Mailing Address 1050 BRENTWOOD RD City WASHINGTON State DC Zip Code 20018 Purpose of Disbursement CATERING EVENT Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention State: District: | | Date of Disbursement M M / D D / Y Y Y Y 05 22 2012 Amount of Each Disbursement this Period , , . 70.91 Transaction ID : SB17.44586 |
|--|--|--|

| | | |
|---|-------|---------|
| SUBTOTAL of Disbursements This Page (optional)..... | , , . | 4070.91 |
| TOTAL This Period (last page this line number only)..... | , , . | |

13020194537

**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 MIKE LEE INC.

| | | | |
|---|--|--|-------------------|
| Full Name (Last, First, Middle Initial) A. GILBERT AND STEWART CPA'S | | Date of Disbursement M M / D D / Y Y Y Y 05 23 2012 | |
| Mailing Address 190 WEST 800 NORTH STE 100 | | Amount of Each Disbursement this Period , , 1000.00 Transaction ID : SB17.44634 | |
| City PROVO State UT Zip Code 84601 | Purpose of Disbursement ACCOUNTING FEES | Candidate Name | Category/ Type |
| Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | | | |
| Full Name (Last, First, Middle Initial) B. GILBERT AND STEWART CPA'S | | Date of Disbursement M M / D D / Y Y Y Y 06 15 2012 | |
| Mailing Address 190 WEST 800 NORTH STE 100 | | Amount of Each Disbursement this Period , , 975.00 Transaction ID : SB17.44645 | |
| City PROVO State UT Zip Code 84601 | Purpose of Disbursement ACCOUNTING FEES | Candidate Name | Category/ Type |
| Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | | | |
| Full Name (Last, First, Middle Initial) C. GILBERT AND STEWART CPA'S | | Date of Disbursement M M / D D / Y Y Y Y 06 18 2012 | |
| Mailing Address 190 WEST 800 NORTH STE 100 | | Amount of Each Disbursement this Period , , 3025.00 Transaction ID : SB17.44644 | |
| City PROVO State UT Zip Code 84601 | Purpose of Disbursement ACCOUNTING FEES | Candidate Name | Category/ Type |
| Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | | | |
| SUBTOTAL of Disbursements This Page (optional)..... | | , , 5000.00 | |
| TOTAL This Period (last page this line number only)..... | | , , | |

13020194538

**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 MIKE LEE INC.

| | | | |
|--|-------------------------------------|---|--|
| Full Name (Last, First, Middle Initial) A. GOGO INFLIGHT | | Date of Disbursement M M / D D / Y Y Y Y 04 16 2012 | |
| Mailing Address 1250 NORTH ARLINGTON HEIGHTS RD | | Amount of Each Disbursement this Period , , 34.95 Transaction ID : SB17.44563 | |
| City ITASCA State IL Zip Code 60143 | Purpose of Disbursement INTERNET | Category/ Type | |
| Candidate Name | | Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | State: District: | Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention | |
| Full Name (Last, First, Middle Initial) B. GOGO INFLIGHT | | Date of Disbursement M M / D D / Y Y Y Y 05 08 2012 | |
| Mailing Address 1250 NORTH ARLINGTON HEIGHTS RD | | Amount of Each Disbursement this Period , , 34.95 Transaction ID : SB17.44572 | |
| City ITASCA State IL Zip Code 60143 | Purpose of Disbursement INTERNET | Category/ Type | |
| Candidate Name | | Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | State: District: | Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention | |
| Full Name (Last, First, Middle Initial) C. GOGO INFLIGHT | | Date of Disbursement M M / D D / Y Y Y Y 06 08 2012 | |
| Mailing Address 1250 NORTH ARLINGTON HEIGHTS RD | | Amount of Each Disbursement this Period , , 34.95 Transaction ID : SB17.44608 | |
| City ITASCA State IL Zip Code 60143 | Purpose of Disbursement INTERNET | Category/ Type | |
| Candidate Name | | Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | State: District: | Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention | |
| SUBTOTAL of Disbursements This Page (optional)..... | | , , 104.85 | |
| TOTAL This Period (last page this line number only)..... | | , , | |

13020194539

**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 MIKE LEE INC.

| | | |
|---|--------------------|--|
| Full Name (Last, First, Middle Initial) A. HERTZ RENT A CAR | | Date of Disbursement M M / D D / Y Y Y Y 06 / 13 / 2012 |
| Mailing Address 460 HEADQUARTERS PLAZA | | Amount of Each Disbursement this Period 806.51 Transaction ID : SB17.44619 |
| City MORRISTOWN | State NJ | |
| Zip Code 07960 | | Category/ Type |
| Purpose of Disbursement TRAVEL | | |
| Candidate Name | | Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | State: District: | |

| | | |
|---|--------------------|--|
| Full Name (Last, First, Middle Initial) B. Highland Hideaway Storage | | Date of Disbursement M M / D D / Y Y Y Y 05 / 18 / 2012 |
| Mailing Address 11251 N SUNSET DR | | Amount of Each Disbursement this Period 265.00 Transaction ID : SB17.44621 |
| City Highland | State UT | |
| Zip Code 84003 | | Category/ Type |
| Purpose of Disbursement RENT | | |
| Candidate Name | | Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | State: District: | |

| | | |
|---|--------------------|--|
| Full Name (Last, First, Middle Initial) C. JOHNNY'S HALF SHELL | | Date of Disbursement M M / D D / Y Y Y Y 05 / 25 / 2012 |
| Mailing Address 400 N CAPITAL ST NW | | Amount of Each Disbursement this Period 390.00 Transaction ID : SB17.44594 |
| City WASHINGTON | State DC | |
| Zip Code 20001 | | Category/ Type |
| Purpose of Disbursement FUNDRAISING | | |
| Candidate Name | | Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | State: District: | |

| | |
|---|---------|
| SUBTOTAL of Disbursements This Page (optional)..... | 1461.51 |
| TOTAL This Period (last page this line number only)..... | |

13020194540

**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 29 OF 41

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <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 MIKE LEE INC.

| | | | |
|---|---|--|-------------------|
| Full Name (Last, First, Middle Initial) A. Mailchimp.Com | | Date of Disbursement M M / D D / Y Y Y Y 04 / 18 / 2012 | |
| Mailing Address 512 Means Street, Suite 404 | | Amount of Each Disbursement this Period 240.00 Transaction ID : SB17.44566 | |
| City Atlanta | State GA | | Zip Code 30318 |
| Purpose of Disbursement EMAIL MARKETING | | | Category/ Type |
| Candidate Name | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention | | |
| State: _____ | District: _____ | | |

| | | | |
|---|---|--|-------------------|
| Full Name (Last, First, Middle Initial) B. Mailchimp.Com | | Date of Disbursement M M / D D / Y Y Y Y 04 / 20 / 2012 | |
| Mailing Address 512 Means Street, Suite 404 | | Amount of Each Disbursement this Period 240.00 Transaction ID : SB17.44567 | |
| City Atlanta | State GA | | Zip Code 30318 |
| Purpose of Disbursement EMAIL MARKETING | | | Category/ Type |
| Candidate Name | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention | | |
| State: _____ | District: _____ | | |

| | | | |
|---|---|---|-------------------|
| Full Name (Last, First, Middle Initial) C. MARRIOTT HOTELS | | Date of Disbursement M M / D D / Y Y Y Y 04 / 16 / 2012 | |
| Mailing Address 10400 FERWOOD RD | | Amount of Each Disbursement this Period 3498.40 Transaction ID : SB17.44560 | |
| City BETHESDA | State MD | | Zip Code 20817 |
| Purpose of Disbursement TRAVEL | | | Category/ Type |
| Candidate Name | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention | | |
| State: _____ | District: _____ | | |

| | |
|---|---------|
| SUBTOTAL of Disbursements This Page (optional)..... | 3978.40 |
| TOTAL This Period (last page this line number only)..... | |

13020194541

**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 30 OF 41 |
| | <input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21 | |

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NAME OF COMMITTEE (in Full)
FRIENDS OF MIKE LEE INC.

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) A. RYAN MCCOY | | Date of Disbursement M M / D D / Y Y Y Y 06 / 18 / 2012 |
| Mailing Address 11592 SOUTH ROSELAWN WAY | | Amount of Each Disbursement this Period 2500.00 Transaction ID : SB17.44642 |
| City SOUTH JORDAN | State UT Zip Code 84095 | |
| Purpose of Disbursement CAMPAIGN CONSULTING | | Category/ Type |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention | |
| State: District: | | |

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) B. PARR BROWN GEE & LOVELESS | | Date of Disbursement M M / D D / Y Y Y Y 06 / 18 / 2012 |
| Mailing Address PO BOX 11019 | | Amount of Each Disbursement this Period 3000.00 Transaction ID : SB17.44646 |
| City SALT LAKE CITY | State UT Zip Code 84147 | |
| Purpose of Disbursement ATTORNEY FEES | | Category/ Type |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention | |
| State: District: | | |

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) c. Paypal | | Date of Disbursement M M / D D / Y Y Y Y 04 / 01 / 2012 |
| Mailing Address 2211 N FIRST STREET | | Amount of Each Disbursement this Period 30.00 Transaction ID : SB17.44726 |
| City SAN JOSE | State CA Zip Code 95131 | |
| Purpose of Disbursement MERCHANT FEE | | Category/ Type |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention | |
| State: District: | | |

| | |
|---|---------|
| SUBTOTAL of Disbursements This Page (optional)..... | 5530.00 |
| TOTAL This Period (last page this line number only)..... | |

13020194542

**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 MIKE LEE INC.

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) A. Paypal | | Date of Disbursement M M / D D / Y Y Y Y 05 08 2012 |
| Mailing Address 2211 N FIRST STREET | | Amount of Each Disbursement this Period 30.00 Transaction ID : SB17.44725 |
| City SAN JOSE | State CA | |
| Purpose of Disbursement MERCHANT FEE | Zip Code 95131 | Category/ Type |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention | |
| State: | District: | |

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) B. Paypal | | Date of Disbursement M M / D D / Y Y Y Y 06 01 2012 |
| Mailing Address 2211 N FIRST STREET | | Amount of Each Disbursement this Period 30.00 Transaction ID : SB17.44724 |
| City SAN JOSE | State CA | |
| Purpose of Disbursement MERCHANT FEE | Zip Code 95131 | Category/ Type |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention | |
| State: | District: | |

| | | |
|---|---|--|
| Full Name (Last, First, Middle Initial) c. Paypal | | Date of Disbursement M M / D D / Y Y Y Y 06 30 2012 |
| Mailing Address 2211 N FIRST STREET | | Amount of Each Disbursement this Period 561.19 Transaction ID : SB17.44727 |
| City SAN JOSE | State CA | |
| Purpose of Disbursement MERCHANT FEE | Zip Code 95131 | Category/ Type |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention | |
| State: | District: | |

SUBTOTAL of Disbursements This Page (optional)..... 621.19

TOTAL This Period (last page this line number only).....

12020194543

**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 32 OF 41 | | | |
| | <input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21 | | | | |

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NAME OF COMMITTEE (In Full)
FRIENDS OF MIKE LEE INC.

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. RESTAURANT ASSOCIATES | | Date of Disbursement M M / D D / Y Y Y Y 05 08 2012 |
| Mailing Address 2ND AND D STREETS SW | | Amount of Each Disbursement this Period 904.11 Transaction ID : SB17.44571 |
| City WASHINGTON | State DC | |
| Purpose of Disbursement EVENT CATERING | | Category/ Type |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention | |
| State: District: | | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) B. RUTHS | | Date of Disbursement M M / D D / Y Y Y Y 04 17 2012 |
| Mailing Address 724 9TH STREET NORTH WEST | | Amount of Each Disbursement this Period 1638.75 Transaction ID : SB17.44564 |
| City WASHINGTON | State DC | |
| Purpose of Disbursement MEETING | | Category/ Type |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention | |
| State: District: | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) C. Sprint | | Date of Disbursement M M / D D / Y Y Y Y 04 02 2012 |
| Mailing Address 6391 Sprint Parkway | | Amount of Each Disbursement this Period 257.30 Transaction ID : SB17.44530 |
| City Overland Park | State KS | |
| Purpose of Disbursement TELEPHONE | | Category/ Type |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention | |
| State: District: | | |

| | |
|---|---------|
| SUBTOTAL of Disbursements This Page (optional)..... | 2800.16 |
| TOTAL This Period (last page this line number only)..... | |

13020194544

**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 MIKE LEE INC.

| | | |
|--|---|--|
| Full Name (Last, First, Middle Initial) A. Sprint | | Date of Disbursement M M / D D / Y Y Y Y 06 07 2012 |
| Mailing Address 6391 Sprint Parkway | | Amount of Each Disbursement this Period 254.49 Transaction ID : SB17.44607 |
| City Overland Park | State KS | |
| Purpose of Disbursement TELEPHONE | Zip Code 66251 | |
| Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention | |
| State: District: | | |

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) B. STATE STRATEGIES COMPANY | | Date of Disbursement M M / D D / Y Y Y Y 05 18 2012 |
| Mailing Address 2425 L STREET, NW | | Amount of Each Disbursement this Period 1980.00 Transaction ID : SB17.44622 |
| City WASHINGTON | State DC | |
| Purpose of Disbursement EVENT CATERING & FUNDRAISER | Zip Code 20037 | |
| Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention | |
| State: District: | | |

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) C. SPENCER STOKES | | Date of Disbursement M M / D D / Y Y Y Y 06 18 2012 |
| Mailing Address 4259 SKYLINE DRIVE | | Amount of Each Disbursement this Period 2000.00 Transaction ID : SB17.44641 |
| City OGDEN | State UT | |
| Purpose of Disbursement POLITICAL CONSULTING | Zip Code 84403 | |
| Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention | |
| State: District: | | |

| | |
|---|---------|
| SUBTOTAL of Disbursements This Page (optional)..... | 4234.49 |
| TOTAL This Period (last page this line number only)..... | |

13020194545

**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 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 |
|---|------------------------------------|-------------------------------------|------------------------------------|

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NAME OF COMMITTEE (In Full)

FRIENDS OF MIKE LEE INC.

| | | |
|---|---|--|
| Full Name (Last, First, Middle Initial) A. THE CAUCUS ROOM | | Date of Disbursement M M / D D / Y Y Y Y 05 18 2012 |
| Mailing Address 401 9TH STREET, NW MARKET SQUARE NORTH | | Amount of Each Disbursement this Period 250.00 Transaction ID : SB17.44582 |
| City WASHINGTON | State DC | |
| Zip Code 20004 | Purpose of Disbursement EVENT | Category/ Type |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention | State: District: | |

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) B. THE CAUCUS ROOM | | Date of Disbursement M M / D D / Y Y Y Y 06 06 2012 |
| Mailing Address 401 9TH STREET, NW MARKET SQUARE NORTH | | Amount of Each Disbursement this Period 1081.00 Transaction ID : SB17.44604 |
| City WASHINGTON | State DC | |
| Zip Code 20004 | Purpose of Disbursement EVENT VENUE | Category/ Type |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention | State: District: | |

| | | |
|---|---|--|
| Full Name (Last, First, Middle Initial) C. THE ROSE SHOP | | Date of Disbursement M M / D D / Y Y Y Y 05 24 2012 |
| Mailing Address 1910 East 10600 South | | Amount of Each Disbursement this Period 172.78 Transaction ID : SB17.44589 |
| City Sandy | State UT | |
| Zip Code 84092 | Purpose of Disbursement DONATION | Category/ Type |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention | State: District: | |

| | |
|---|---------|
| SUBTOTAL of Disbursements This Page (optional)..... | 1503.78 |
| TOTAL This Period (last page this line number only)..... | |

12020194546

**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 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 |
|---|------------------------------------|-------------------------------------|------------------------------------|

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NAME OF COMMITTEE (In Full)
FRIENDS OF MIKE LEE INC.

Full Name (Last, First, Middle Initial)

A. Transfirst LLC

Mailing Address 3131 South Vaughn Way, Suite 350
Suite 350

City Aurora State CO Zip Code 80014

Purpose of Disbursement
MERCHANT FEE

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) Convention

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
04 10 2012

Amount of Each Disbursement this Period

, , 69.95
Transaction ID : SB17.44551

Category/
Type

B. Transfirst LLC

Mailing Address 3131 South Vaughn Way, Suite 350
Suite 350

City Aurora State CO Zip Code 80014

Purpose of Disbursement
MERCHANT FEE

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) Convention

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
05 10 2012

Amount of Each Disbursement this Period

, , 98.75
Transaction ID : SB17.44576

Category/
Type

c. Transfirst LLC

Mailing Address 3131 South Vaughn Way, Suite 350
Suite 350

City Aurora State CO Zip Code 80014

Purpose of Disbursement
MERCHANT FEE

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) Convention

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
06 11 2012

Amount of Each Disbursement this Period

, , 71.95
Transaction ID : SB17.44611

Category/
Type

SUBTOTAL of Disbursements This Page (optional)..... 240.65

TOTAL This Period (last page this line number only).....

1302019M547

**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 36 OF 41

17 18 19a 19b
20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
FRIENDS OF MIKE LEE INC.

| | | | | |
|--|---|--|---|--|
| Full Name (Last, First, Middle Initial) A. VERIZON WIRELESS | | | Date of Disbursement M M / D D / Y Y Y Y 04 05 2012 | |
| Mailing Address Post Office Box 105378 | | | Amount of Each Disbursement this Period , , 80.00 Transaction ID : SB17.44537 | |
| City Atlanta State GA Zip Code 30348 | Purpose of Disbursement INTERNET | | | |
| Candidate Name | | | Category/ Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention | | | |
| State: District: | | | | |
| Full Name (Last, First, Middle Initial) B. VERIZON WIRELESS | | | Date of Disbursement M M / D D / Y Y Y Y 04 09 2012 | |
| Mailing Address Post Office Box 105378 | | | Amount of Each Disbursement this Period , , 201.92 Transaction ID : SB17.44546 | |
| City Atlanta State GA Zip Code 30348 | Purpose of Disbursement TELEPHONE | | | |
| Candidate Name | | | Category/ Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention | | | |
| State: District: | | | | |
| Full Name (Last, First, Middle Initial) C. | | | Date of Disbursement M M / D D / Y Y Y Y | |
| Mailing Address | | | Amount of Each Disbursement this Period , , . | |
| City State Zip Code | Purpose of Disbursement | | | |
| Candidate Name | | | Category/ Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | | |
| State: District: | | | | |
| SUBTOTAL of Disbursements This Page (optional)..... | | | , , 281.92 | |
| TOTAL This Period (last page this line number only)..... | | | , , 47968.42 | |

13020194548

**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 37 OF 41 | | | |
| | <input type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input checked="" type="checkbox"/> 19b 21 | |

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NAME OF COMMITTEE (In Full)
FRIENDS OF MIKE LEE INC.

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) A. SALT LAKE COUNTY GOP | | Date of Disbursement M M / D D / Y Y Y Y 05 / 18 / 2012 |
| Mailing Address PO BOX 719 | | Amount of Each Disbursement this Period 1500.00 Transaction ID : SB21.44631 |
| City SLC | State UT | |
| Zip Code 84110 | Purpose of Disbursement CONTRIBUTION | Category/ Type |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention | |
| State: District: | | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) B. | | Date of Disbursement M M / D D / Y Y Y Y |
| Mailing Address | | Amount of Each Disbursement this Period , |
| City | State | |
| Zip Code | Purpose of Disbursement | Category/ Type |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) C. | | Date of Disbursement M M / D D / Y Y Y Y |
| Mailing Address | | Amount of Each Disbursement this Period , |
| City | State | |
| Zip Code | Purpose of Disbursement | Category/ Type |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | |
|---|---------|
| SUBTOTAL of Disbursements This Page (optional)..... | 1500.00 |
| TOTAL This Period (last page this line number only)..... | 1500.00 |

13020194549

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

| | |
|---|---|
| (Use separate schedule(s) for each numbered line) | PAGE 39 OF 41 |
| | FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10 |

NAME OF COMMITTEE (In Full)
FRIENDS OF MIKE LEE INC.

| | |
|--|---|
| A. Full Name (Last, First, Middle Initial) of Debtor or Creditor GILBERT AND STEWART CPA'S | Nature of Debt (Purpose): ACCOUNTING FEES |
| Mailing Address 190 WEST 800 NORTH STE 100 | |
| City PROVO State UT Zip Code 84601 | |

| | | | |
|---|---------------------|---|------------------------------------|
| Outstanding Balance Beginning This Period | | | Transaction ID : SD10.44740 |
| 0.00 | | | |
| Amount Incurred This Period | Payment This Period | Outstanding Balance at Close of This Period | |
| 1562.60 | 0.00 | 1562.60 | |

| | |
|---|---|
| B. Full Name (Last, First, Middle Initial) of Debtor or Creditor GUIDANT STRATEGIES | Nature of Debt (Purpose): PRINTING, FUNDRAISING |
| Mailing Address 175 S WEST TEMPLE | |
| City SALT LAKE CITY State UT Zip Code 84101 | |

| | | | |
|---|---------------------|---|------------------------------------|
| Outstanding Balance Beginning This Period | | | Transaction ID : SD10.44218 |
| 2891.87 | | | |
| Amount Incurred This Period | Payment This Period | Outstanding Balance at Close of This Period | |
| 0.00 | 0.00 | 2891.87 | |

| | |
|---|---|
| C. Full Name (Last, First, Middle Initial) of Debtor or Creditor MIKE LEE | Nature of Debt (Purpose): LOAN INTEREST |
| Mailing Address 917 QUAIL HOLLOW CIRCLE | |
| City ALPINE State UT Zip Code 84004 | |

| | | | |
|---|---------------------|---|------------------------------------|
| Outstanding Balance Beginning This Period | | | Transaction ID : SD10.37158 |
| 2460.54 | | | |
| Amount Incurred This Period | Payment This Period | Outstanding Balance at Close of This Period | |
| 0.00 | 0.00 | 2460.54 | |

| | |
|--|---------|
| 1) SUBTOTALS This Period This Page (optional) | 6915.01 |
| 2) TOTALS This Period (last page this line number only) | . |
| 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... | . |
| 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶ | . |

13020194551

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

NAME OF COMMITTEE (In Full)
FRIENDS OF MIKE LEE INC.

| | |
|---|---|
| A. Full Name (Last, First, Middle Initial) of Debtor or Creditor MIKE LEE | Nature of Debt (Purpose): LOAN INTEREST |
| Mailing Address 917 QUAIL HOLLOW CIRCLE | |
| City State Zip Code ALPINE UT 84004 | |

| | |
|---|---|
| Outstanding Balance Beginning This Period 780.61 | Transaction ID : SD10.37159 |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 |
| | Outstanding Balance at Close of This Period 780.61 |

| | |
|--|---|
| B. Full Name (Last, First, Middle Initial) of Debtor or Creditor PARR BROWN GEE & LOVELESS | Nature of Debt (Purpose): ATTORNEY FEES |
| Mailing Address PO BOX 11019 | |
| City State Zip Code SALT LAKE CITY UT 84147 | |

| | |
|--|--|
| Outstanding Balance Beginning This Period 5050.25 | Transaction ID : SD10.43978 |
| Amount Incurred This Period 0.00 | Payment This Period 3000.00 |
| | Outstanding Balance at Close of This Period 2050.25 |

| | |
|--|---|
| C. Full Name (Last, First, Middle Initial) of Debtor or Creditor PARR BROWN GEE & LOVELESS | Nature of Debt (Purpose): ATTORNEY FEES |
| Mailing Address PO BOX 11019 | |
| City State Zip Code SALT LAKE CITY UT 84147 | |

| | |
|---|---|
| Outstanding Balance Beginning This Period 309.95 | Transaction ID : SD10.44496 |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 |
| | Outstanding Balance at Close of This Period 309.95 |

| | | |
|--|---|-------------|
| 1) SUBTOTALS This Period This Page (optional) | ▶ | , , 3140.81 |
| 2) TOTALS This Period (last page this line number only) | ▶ | , , . |
| 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) | ▶ | , , . |
| 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) | ▶ | , , . |

12020194552

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

| | |
|---|--|
| (Use separate schedule(s) for each numbered line) | PAGE 41 OF 41 |
| | FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10 |

NAME OF COMMITTEE (In Full)
FRIENDS OF MIKE LEE INC.

| | |
|--|---|
| A. Full Name (Last, First, Middle Initial) of Debtor or Creditor TERRA ECLIPSE | Nature of Debt (Purpose): POLITICAL CONSULTING |
| Mailing Address 9043 SOQUEL DRIVE | |
| City APTOS State CA Zip Code 95003 | |

| | | |
|---|------------------------------------|---|
| Outstanding Balance Beginning This Period | Transaction ID : SD10.44219 | |
| 6150.00 | | |
| Amount Incurred This Period | Payment This Period | Outstanding Balance at Close of This Period |
| 0.00 | 0.00 | 6150.00 |

| | |
|--|---------------------------|
| B. Full Name (Last, First, Middle Initial) of Debtor or Creditor | Nature of Debt (Purpose): |
| Mailing Address | |
| City State Zip Code | |

| | | |
|---|---------------------|---|
| Outstanding Balance Beginning This Period | | |
| Amount Incurred This Period | Payment This Period | Outstanding Balance at Close of This Period |
| | | |

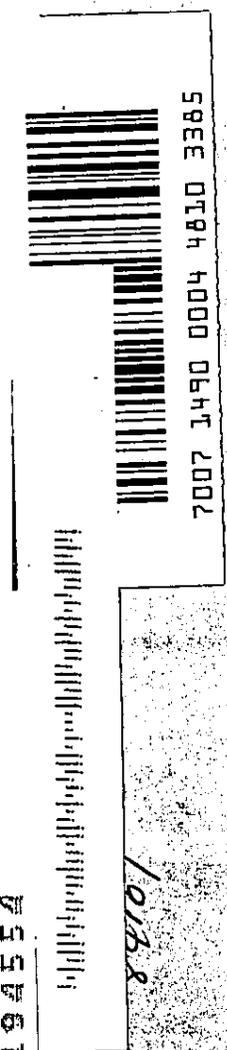
| | |
|--|---------------------------|
| C. Full Name (Last, First, Middle Initial) of Debtor or Creditor | Nature of Debt (Purpose): |
| Mailing Address | |
| City State Zip Code | |

| | | |
|---|---------------------|---|
| Outstanding Balance Beginning This Period | | |
| Amount Incurred This Period | Payment This Period | Outstanding Balance at Close of This Period |
| | | |

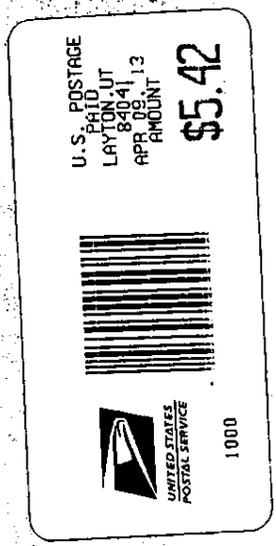
| | |
|--|----------|
| 1) SUBTOTALS This Period This Page (optional) | 6150.00 |
| 2) TOTALS This Period (last page this line number only) | 20278.47 |
| 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... | 0.00 |
| 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶ | 20278.47 |

12020194552

McCarthy
CO W Bk
SEC 11



7007 1490 0004 4810 3385



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LAYTON, UT
84041
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AMOUNT
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P.O. Box 77578
Washington DC 20013-7578*

United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

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Date of Receipt

USPS FIRST CLASS MAIL _____

Postmark

USPS REGISTERED/CERTIFIED _____

4-9-13

Postmark

USPS PRIORITY MAIL _____

Postmark

DELIVERY CONFIRMATION OR SIGNATURE CONFIRMATION LABEL

USPS EXPRESS MAIL _____

Postmark

OVERNIGHT DELIVERY SERVICE:

SHIPPING DATE

NEXT BUSINESS DAY DELIVERY

FEDERAL EXPRESS _____

UPS _____

DHL _____

AIRBORNE EXPRESS _____

RECEIVED FROM FEDERAL ELECTION COMMISSION _____

Date of Receipt

POSTMARK ILLEGIBLE

NO POSTMARK

FAX _____

Date of Receipt

OTHER _____

Date of Receipt or Postmark

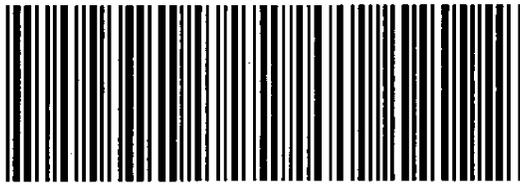
PREPARER

DH

DATE PREPARED

4-16-13

13020194555



13020194556