FEC FORM 3		T OF RE(SBURSEI Authorized Comr	MENTS			Office Use Only
1. NAME OF COMMITTEE (in	full) USE FEC MAI		ample:If typing, t ver the lines	уре		
Friends of Jason	Chaffetz					
ADDRESS (number a	nd street) 315 Westfi	eld Circle				
X Check if diff than previou reported. (A	sly					84004
2. FEC IDENTIFIC	TION NUMBER 🛛 🗑	CITY 🛋		5	STATE 🛋	ZIP CODE 👗
C0043168	4	3. IS THIS REPORT	X NEW (N)	OR	AMENE (A)	STATE ♥ DISTRICT
		(b) 12-Day PR	E-Election Report Primary (12P) Convention (1		General (1 Special (1	
	r 15 Quarterly Report (Q3)	Election on	U		0 0 0	in the State of
X Januar	v 31 Year-End Report (YE)	(c) 30-Day PO	ST-Election Repo	ort for the:		
Termin	ation Report (TER)	Election on	General (30G)	Runoff (30	DR) Special (30S) in the State of
5. Covering Period	11 25	2008	through	12	3 1	2008
I certify that I have exa Type or Print Name of	mined this Report and to the Treasurer Corie		ge and belief it is	true, correct a	and complete.	
Signature of Treasure		Corie Chan	subject the perso		ate 01	1 5 2 0 0 9 penalties of 2 U.S.C 437g.
Office Use Only				J .J		FEC FORM 3 (Revised 02/2003)

Image	# 29990883907 FEC Form 3 (Revised 02/2003)		ARY PAGE d Disbursements			Page 2
V	Irite or Type Committee Name					
F	riends of Jason Chaffetz					
R		M M D D D 1 1 2 5	Y Y Y Y 2008	To:	M M 12 31	Y Y Y Y 2008
			COLUMN A This Period		COLUMN B Election Cycle-to	
6.	Net Contributions (other than loans)			•		
	(a) Total Contributions(other than loans) (from Line 11(e))		155.00		• • • • • •	155.00
	(b) Total Contribution Refunds (from Line 20(d))		0.00			0.00
	(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))		155.00			155.00
7.	Net Operating Expenditures					
	(a) Total Operating Expenditures (from Line 17)		20678.10			31208.12
	(b) Total Offsets to Operating Expenditures (from Line 14)		0.00			0.00
	(c) Net Operating Expenditures(subtract Line 7(b) from Line 7(a))		20678.10		• • • • • •	31208.12
8.	Cash on Hand at Close of Reporting Period (from Line 27)		33764.61			
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)		0.00			
10.	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)		0.00			

For further information contact:

Federal Election Commission 999 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-694-1100

	E29990883908	DETAILED SUMMARY PAGE of Receipts	Page 3
	ite or Type Committee Name ends of Jason Chaffetz		
Re	port Covering the Period: From:	M M D D Y	$\begin{array}{c} M & M \\ 1 & 2 \end{array} \begin{array}{c} D & D \\ 3 & 1 \end{array} \begin{array}{c} Y & Y & Y \\ 2 & 0 & 0 \end{array}$
	I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. (CONTRIBUTIONS (other than loans) FRO	M:	
	(a) Individuals/Persons Other Than Political Committees	155.00	155.00
	(i) Itemized (use Schedule A)		0.00
	(ii) Unitemized (iii) TOTAL of contributions		
	from individuals	155.00	155.00
	(b) Political Party Committees	0.00	0.00
((c) Other Political Committees (such as PACS)	0.00	0.00
		0.00	0.00
	(d) The Candidate(e) TOTAL CONTRIBUTIONS		
	(other than loans) (add Lines 11(a)(iii), (b), (c), and (d))	155.00	155.00
	TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
3. 1	LOANS	_	
	(a) Made or Guaranteed by the Candidate	0.00	0.00
		0.00	0.00
	 (b) All Other Loans (c) TOTAL LOANS (add Lines 13(a) and (b)) 	0.00	0.00
1	OFFSETS TO OPERATING	_	
I	EXPENDITURES	0.00	0.00
	(Refunds, Rebates, etc.)	_	
-	OTHER RECEIPTS (Dividends, Interest, etc.)	0.00	0.00
6.	TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)	155.00	155.00

Image# 29990883909

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3 (Revised 02/2003) Page 4 **COLUMN A COLUMN B II. DISBURSEMENTS Total This Period Election Cycle-to-Date** 20678.10 31208.12 17. OPERATING EXPENDITURES..... 18. TRANSFERS TO OTHER 0.00 0.00 AUTHORIZED COMMITTEES..... 19. LOAN REPAYMENTS: (a) Of Loans Made or Guaranteed 0.00 0.00 by the Candidate..... 0.00 0.00 (b) Of all Other Loans..... (c) TOTAL LOAN REPAYMENTS 0.00 0.00 (add Lines 19(a) and (b))..... 20. REFUNDS OF CONTRIBUTIONS TO: (a) Individuals/Persons Other 0.00 0.00 Than Political Committees..... 0.00 0.00 (b) Political Party Committees..... (c) Other Political Committees 0.00 0.00 (such as PACs)..... (d) TOTAL CONTRIBUTION REFUNDS 0.00 0.00 (add Lines 20(a), (b), and (c))..... 0.00 0.00 21. OTHER DISBURSEMENTS..... 22. TOTAL DISBURSEMENTS 20678.10 31208.12 (add Lines 17, 18, 19(c), 20(d), and 21)

III. CASH SUMMARY

23.	CASH ON HAND AT BEGINNING OF REPORTING PERIOD	54287.71
24.	TOTAL RECEIPTS THIS PERIOD (from Line 16, page3)	155.00
25.	SUBTOTAL (add Line 23 and Line 24)	54442.71
26.	TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)	20678.10
27.	CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)	33764.61

HEDULE A (FEC Form 3) MIZED RECEIPTS information copied from such Reports and Sta or commercial purposes, other than using the r JAME OF COMMITTEE (In Full) Friends of Jason Chaffetz Full Name (Last, First, Middle Initial) Douglas Chotkekvys Mailing Address 25602 Rocky beach Lan	Use separate schedule(s) for each category of the Detailed Summary Page atements may not be sold or used by any person name and address of any political committee to s	(check only one) X 11a 11b 11c 11d 12 13a 13b 14 15 a for the purpose of soliciting contributions solicit contributions from such committee.
information copied from such Reports and Sta or commercial purposes, other than using the r NAME OF COMMITTEE (In Full) Friends of Jason Chaffetz Full Name (Last, First, Middle Initial) Douglas Chotkekvys	atements may not be sold or used by any persor	12 13a 13b 14 15
or commercial purposes, other than using the r JAME OF COMMITTEE (In Full) Friends of Jason Chaffetz Full Name (Last, First, Middle Initial) Douglas Chotkekvys	atements may not be sold or used by any person name and address of any political committee to s	for the purpose of soliciting contributions
Friends of Jason Chaffetz Full Name (Last, First, Middle Initial) Douglas Chotkekvys		
Full Name (Last, First, Middle Initial) Douglas Chotkekvys		
Douglas Chotkekvys		
Aailing Address 25602 Rocky beach Lar		Date of Receipt
-	ne	12 ^{//} 31 [/] 2008
•	State Zip Code	Transaction ID: 90114.C1122
Dana Point	CA 92629	Amount of Each Receipt this Period
	C	75.00
Jame of Employer	Occupation	Receipt
	Information Requested	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Election Cycle-to-Date	
Cther (specify) ▼	75.00	
		Date of Receipt
Aailing Address 1520 N. Dove Lane		12 ^{//} 31 [/] 2008
City	State Zip Code	Transaction ID: 90114.C1123
Saint George	UT 84770	Amount of Each Receipt this Period
	C	5.00
nformation Requested	Occupation Information Requested	Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Election Cycle-to-Date	Spending (2 0.3.0. 44 ra(1)/44 ra-1)
X Primary General Other (specify) ▼	5.00	
		Date of Receipt
Aailing Address 556 N. Mayfair Ave		1 2 / J D D / Y Y Y Y Y 1 2 3 1 2 0 0 8
-	State Zip Code	Transaction ID: 90114.C1124
Daly City	CA 94015	Amount of Each Receipt this Period
	C	25.00
Jame of Employer nformation Requested	Occupation Information Requested	Receipt
	Election Cycle-to-Date V	Spending (2 U.S.C. 441a(i)/441a-1)
X Primary General Other (specify) ▼	25.00	
RTOTAL of Receipts This Page (optional)		105.00
	Full Name (Last, First, Middle Initial) Sidney Lockwood Mailing Address 1520 N. Dove Lane City Saint George FEC ID number of contributing ederal political committee. Name of Employer Information Requested Receipt For: 2010 X Primary General Other (specify) ♥ Full Name (Last, First, Middle Initial) Kelly Reiterman Mailing Address 556 N. Mayfair Ave City Daly City FEC ID number of contributing ederal political committee. Name of Employer Information Requested Receipt For: 2010 X Primary General Other (specify) ♥ BTOTAL of Receipts This Page (optional)	Dana Point CA 92629 FEC ID number of contributing ederal political committee. C

	SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS		Use separate sch for each category Detailed Summar	of the	FOR LINE NUMBER: PAGE 6 / 15 (check only one) (check only one) X 11a 11b 11c 11d 12 13a 13b 14 15
	Any information copied from such Reports and So or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Friends of Jason Chaffetz	tatements ma name and ad	y not be sold or used dress of any political	by any person committee to s	for the purpose of soliciting contributions olicit contributions from such committee.
Α.	Full Name (Last, First, Middle Initial) Norman M. Ryan Mailing Address 1018 Neosho Dr City	State	Zip Code		Date of Receipt 1 2 / 0 3 / 2 0 0 8 Transaction ID: 90114.C1121
	Forked River FEC ID number of contributing federal political committee.	NJ C	08731	1	Amount of Each Receipt this Period 50.00 Receipt
	Name of Employer N/A Receipt For: 2010 Primary General X Other (specify) ▼ Primary 2010	Occupatio Retired Election C	n Cycle-to-Date V	50.00	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	►		50.00]
TOTAL This Period (last page this line number only)	►		155.00]

SCHEDULE B (FEC Form 3)		Use separate schedule(s)			FOR LINE NUMBER: (check only one)				AGE	7 / 15
TEMIZED DISBURSEMENTS		category of the Summary Page		IICUN UII	X 17 20a		18 20b	19a 20c		19b 21
ny Information copied from such Reports and State r for commercial purposes, other than using the na								liciting o	ontrik	outions
NAME OF COMMITTEE (In Full)						ibutio			COIIII	
Friends of Jason Chaffetz										
Full Name (Last, First, Middle Initial) CBIZ					Trans Date of			9011 ment	4.E3 ⁻	72
Mailing Address 175 S. West Temple, S	Suite 650				[™] 2	M /	^D 3	^D /	Ý Ž	0 0 8 °
City Salt Lake City	State UT	Zip Code 84101-			Amou	int of E	Each	Disburs	emen	t this Perio
Purpose of Disbursement				_	1 L.				22	29.54
Accounting Candidate Name			Categ				utions	sposal o Require		
Senate President	sement For: Primary Other (spe	General	Тур	De	ACCC					
State: District: Full Name (Last, First, Middle Initial)					Tropo	tio	- ID:	0011	4 5 2	77
Jason Chaffetz					Date	of Disl	burse		-	
Mailing Address 315 Westfield Circle					1 ^M 2	M /	^D 1	0 /	²²²	0 0 8 [°]
City Alpine	State UT	Zip Code 84004-1594			Amou	int of E	Each	Disburs	emen	t this Perio
Purpose of Disbursement				-		0				15.79
Reimbursement see below Candidate Name			Categ Typ				utions	sposal o Require 0.53		
Office Sought: House Disbur Senate President State: District:	sement For: Primary Other (sp	General ecify) ▼			REIM	BUR	SEM	ENT S	EE B	BELOW
Full Name (Last, First, Middle Initial) Costco					Trans Date of			9011 ment	4.E3	95
Mailing Address 11100 Auto Mall Drive					^M 2	M /	^D 0	6 /	Ý Ž	0 0 8 ^Y
City Sandy	State UT	Zip Code 84070-			Amou	int of E	Each	Disburs	emen	t this Perio
Purpose of Disbursement Computer for campaign				efund	or Die	sposal o		95.14		
Candidate Name			Cateo Typ	, ,	Co 11	ontribu C.F.I	utions R. 400	Require		
Office Sought: House Disbur Senate President State: District:	sement For: Primary Other (spo	General ecify) ▼			MEM MEM GN		_	UTER	FOR	CAMPA
SUBTOTAL of Disbursements This Page (optional	I)			►					44	45.33
TOTAL This Period (last page this line number onl	v)			•						
5AN018	<i></i>			۲	FE	C Scl	hedul	e B (Fo	rm 3) (Revised

CHEDULE B (FEC Form 3)	Use separate schedule(s)	-	NUMBER: PAGE 8/15
FEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check on	y one) X 17 18 19a 19b 20a 20b 20c 21
ny Information copied from such Reports and State r for commercial purposes, other than using the na			
NAME OF COMMITTEE (In Full)			
Friends of Jason Chaffetz			
Full Name (Last, First, Middle Initial) Highland Hideaway			Transaction ID: 90114.E394 Date of Disbursement
Mailing Address 11251 N Sunset Dr.			$12^{M} / 01^{I} / 2008^{Y}$
City American Fork	State Zip Code UT 84003-		Amount of Each Disbursement this Perio
Purpose of Disbursement			85.00
Storage rental Candidate Name		Category/	Refund or Disposal of Excess Contributions Required Under
		Туре	11 C.F.R. 400.53
Office Sought: House Disbur Senate President State: District:	sement For: Primary General Other (specify) ▼		[MEMO ITEM] MEMO: STORAGE RENTAL
Full Name (Last, First, Middle Initial)			Transaction ID: 90114.E396
T-Mobile			Date of Disbursement
Mailing Address P.O. Box 660252			$12^{M} / 01 / 2008^{Y}$
City Dallas	State Zip Code TX 75266-0252		Amount of Each Disbursement this Perio
Purpose of Disbursement Cell phone			272.38
Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53
Office Sought: House Disbur Senate President State: District:	sement For: Primary General Other (specify) ▼		[MEMO ITEM] MEMO: CELL PHONE
Full Name (Last, First, Middle Initial) Jason Chaffetz			Transaction ID: 90114.E378 Date of Disbursement
Mailing Address 315 Westfield Circle			$\begin{bmatrix} M & M \\ 1 & 2 \end{bmatrix} \begin{pmatrix} D & D \\ 1 & 8 \end{pmatrix} \begin{pmatrix} Y & Y & Y \\ 2 & 0 & 0 \\ 8 \end{pmatrix}$
City Alpine	State Zip Code UT 84004-1594		Amount of Each Disbursement this Perio
Purpose of Disbursement Reimbursement see below	Purpose of Disbursement		
Candidate Name		Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: House Disbur Senate President State: District:	sement For: Primary General Other (specify) ▼		REIMBURSEMENT SEE BELOW
SUBTOTAL of Disbursements This Page (optiona	l)	►	540.52
FOTAL This Period (last page this line number on	v)	>	
5AN018	,	····· •	FEC Schedule B (Form 3) (Revised

SCHEDULE B (FEC Form 3)	Use separate schedule(s)		NUMBER: PAGE 9/15
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check onl	X 17 18 19a 19b 20a 20b 20c 21
Any Information copied from such Reports and State or for commercial purposes, other than using the nar			
NAME OF COMMITTEE (In Full) Friends of Jason Chaffetz			
Full Name (Last, First, Middle Initial) Amtrak			Transaction ID: 90114.E393 Date of Disbursement
Mailing Address via internet			$12^{M} 2^{M} / 09 / 2008^{Y}$
City	State Zip Code		Amount of Each Disbursement this Peric
Purpose of Disbursement Travel Candidate Name		Category/	155.00 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: House Disbur Senate President State: District:	sement For: Primary General Other (specify)	Туре	[MEMO ITEM] MEMO: TRAVEL
Full Name (Last, First, Middle Initial) Jason Chaffetz Mailing Address 315 Westfield Circle			Transaction ID: 90114.E379 Date of Disbursement
City	State Zip Code		Amount of Each Disbursement this Peric
Alpine	UT 84004-1594		645.59
Purpose of Disbursement Reimbursement see below Candidate Name		Category/	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: House Disburs Senate President State: District:	sement For: Primary General Other (specify) ▼	Туре	REIMBURSEMENT SEE BELOW
Full Name (Last, First, Middle Initial) Amtrak			Transaction ID: 90114.E392 Date of Disbursement
Mailing Address via internet			$12^{M} / 22^{D} / 2008^{Y}$
City	State Zip Code		Amount of Each Disbursement this Peric
Purpose of Disbursement Travel			218.50 Refund or Disposal of Excess
Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53
Office Sought: House Disbur Senate President State: District:	sement For: Primary General Other (specify) ▼		[MEMO ITEM] MEMO: TRAVEL
SUBTOTAL of Disbursements This Page (optional)	····· •	645.59
TOTAL This Period (last page this line number onl	у)	►	
E5AN018			FEC Schedule B (Form 3) (Revised

City State Zip Code Mission Hills CA 91346-9622 Purpose of Disbursement 200.00 Category/ Refund or Disposal of Excess Candidate Name Category/ Office Sought: House President Disbursement For: President Other (specify) State: District: Full Name (Last, First, Middle Initial) Alisia Essig Mailing Address 1038 19th Street #5 City State Office Sought: House Purpose of Disbursement Transaction ID: 90114.E371 Mailing Address 1038 19th Street #5 City State Arrington VA VA 22202- Purpose of Disbursement Reimbursement see below Category/ Category/ Type Office Sought: House President Disbursement For: President Other (specify) ▼ State: District: Full Name (Last, First, Middle Initial) Southwest Transaction	SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check onl	X 17 18 19a 19b 20a 20b 20c 21
Full Name (Last, First, Middle Initial) Transaction ID: 90114.E391 Verizon Wireless Date of Disbursement Mailing Address PO Box 9622 City State Zip Code Purpose of Disbursement Calagory Candidate Name Disbursement For: Propose of Disbursement Disbursement For: Pristerious District: Full Name (Last, First, Middle Initial) Alisia Essig Mailing Address 1038 19th Street #5 City State: Disbursement For: Mailing Address 1038 19th Street #5 City State: Disbursement For: Pristerious Disbursement For: Pristerious Disbursement For: Pristerious Disbursement For: Pristerious Disbursement For: Pristeriot: President Dis	or for commercial purposes, other than using the nan NAME OF COMMITTEE (In Full)			
Mailing Address PO Box 9622 City State Zip Code Milsion Hills CA 91346-9622 Purpose of Disbursement Category/ Cardidate Name Amount of Each Disbursement this P. Cardidate Name Category/ Type Transaction ID: Spoal of Excess Office Sought: House Disbursement For: President Category/ Type Full Name (Last, First, Middle Initial) Atlisia Essig Transaction ID: 90114.E371 Date of Disbursement Mailing Address 1038 19th Street #5 Amount of Each Disbursement this P. City State Zip Code Artington VA 22202- Purpose of Disbursement Category/ Type 1 Si Y Z 0 0 8 Office Sought: House President Disbursement For: President Amount of Each Disbursement this P. State: Disbursement For: President Disbursement For: President Transaction ID: 90114.E389 Southwest Disbursement for: President Disbursement For: President Transaction ID: 90114.E389 Southwest Disbursement for: President Disbursement for: President Ti S ' Z 0 0 8 Giftice Sought: House Disbursement for: President<	Full Name (Last, First, Middle Initial)			
Mission Hills CA 91346-9622 20.00 Purpose of Disbursement Category/ Type 20.00 Office Sought: House Senate President Disbursement For: Other (specify) Category/ Type MEMO: CELL PHONE Full Name (Last, First, Middle Initial) Allisia Essig Transaction ID: 90114.E371 Date of Disbursement for: Other (specify) Transaction ID: 90114.E371 Date of Disbursement Mailing Address 1038 19th Street #5 Transaction ID: 90114.E371 Date of Disbursement City Arrington VA 22022- VA Amount of Each Disbursement this Philas Office Sought: House Senate Disbursement For: President General Office Sought: House Senate Disbursement For: President Refund or Disposal of Excess Contributions Required Under 17 2 M Transaction ID: 90114.E389 Outher (specify) Ital: Disbursement For: President Amount of Each Disbursement this Philos Southwest Disbursement Other (specify) Amount of Each Disbursement this Philos Mailing Address via internet Category/ Type 1 1 Grid or Disposal of Excess Contributions Required Under 17 2 M 1 1 2 0 8 Grid or Disp				
Cell phone Category/ Type Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 Office Sought: House President Disbursement For: Disbursement For: Disbursement General Other (specify) ▼ Full Name (Last, First, Middle Initial) Alisia Essig Transaction ID: 90114,E371 Date of Disbursement Mailing Address 1038 19th Street #5 Transaction ID: 90114,E371 Date of Disbursement City State Zip Code VA Amount of Each Disbursement Arlington VA 22202- Purpose of Disbursement Amount of Each Disbursement this P Cardidate Name Disbursement For: Benate Disbursement For: Other (specify) ▼ RelIMBURSEMENT SEE BELOV State: District: Disbursement For: District: State Disbursement for: Disbursement For: Senate Transaction ID: 90114,E389 Date of Disbursement Mailing Address via internet Category/ Type 1 C.F.R. 400.53 Transaction ID: 90114,E389 Date of Disbursement this P Mailing Address via internet Category/ Travel 1 State Zip Code Mailing Address via internet Category/ Travel 1 State Zip Xi & 2 0 0 8 City State Zip Code Amount of Each Disbursement this P </td <td></td> <td></td> <td></td> <td>Amount of Each Disbursement this Perio</td>				Amount of Each Disbursement this Perio
Office Sought: House Disbursement For: Image: president Office Sought: District: President Office (specify) ▼ Full Name (Last, First, Middle Initial) Alisia Essig Transaction ID: 90114.E371 Mailing Address 1038 19th Street #5 Image: president City State Zip Code Purpose of Disbursement Refund or Disposal of Excess Candidate Name Disbursement For: Office Sought: House Disbursement For: President Office Sought: House Disbursement For: President Office Sought: House Disbursement For: President President Other (specify) ▼ Southwest Transaction ID: 90114.E389 Mailing Address via internet City State Disbursement For: President President Other (specify) ▼ Southwest Amount of Each Disbursement this President Mailing Address via internet Candidate Name Disbursement For: Candidate Name Disbursement For: </td <td>Cell phone</td> <td></td> <td></td> <td></td>	Cell phone			
Senate President Other (specify) ▼ State: District: Full Name (Last, First, Middle Initial) Alisia Essig Mailing Address 1038 19th Street #5 City State Purpose of Disbursement Reimbursement see below Candidate Name Office Sought: House District: Full Name (Last, First, Middle Initial) Alisia Essig Mailing Address 1038 19th Street #5 City Arington VA 22202- Purpose of Disbursement Reimbursement see below Candidate Name Office Sought: House Disbursement For: Senate Disbursement For: President Other (specify) ▼ ReilmBURSEMENT SEE BELOV State: District: Full Name (Last, First, Middle Initial) Southwest Mailing Address via internet City State Zip Code Purpose of Disbursement <td< td=""><td></td><td>ement For</td><td></td><td>11 C.F.R. 400.53 [MEMO ITEM]</td></td<>		ement For		11 C.F.R. 400.53 [MEMO ITEM]
Full Name (Last, First, Middle Initial) Transaction ID: 90114.E371 Alisia Essig Date of Disbursement Mailing Address 1038 19th Street #5 City State Zip Code Arlington VA 22202- Purpose of Disbursement Anount of Each Disbursement this P Actington VA 22202- Purpose of Disbursement see below Category/ Candidate Name Disbursement For: President Primary General Office Sought: House Disbursement For: President Other (specify) ▼ REIMBURSEMENT SEE BELOV Southwest City State Zip Code Mailing Address via internet Mailing Address via internet City State Zip Code Amount of Each Disbursement this P Mailing Address via internet Transaction ID: 90114.E389 20 0 8 City State Zip Code Amount of Each Disbursement this P Purpose of Disbursement Transaction ID: 90114.E389 20 0 8 City State Zip Code Amount of Each Disbursement this P	Senate President	Primary General		MEMO: CELL PHONE
City State Zip Code Arlington VA 22202- Purpose of Disbursement Anount of Each Disbursement this Purpose Candidate Name Category/ Office Sought: House President Disbursement For: State: District: Purpose of Disbursement For: Senate President Other (specify) Southwest Transaction ID: 90114.E389 Date of Disbursement Disbursement For: Yang Yang Mailing Address via internet City State Purpose of Disbursement Transaction ID: 90114.E389 Date of Disbursement Y 2 0 0 8 City State Purpose of Disbursement Travel Candidate Name Category/ Office Sought: House Disbursement For: Senate President Disbursement For: Senate Disbursement For: President Disbursement For: Senate Primary President Other (specify) ▼	Full Name (Last, First, Middle Initial)			• • • • • • • • • • • • • • • • • • • •
Arlington VA 22202- Purpose of Disbursement Purpose of Disbursement Atlinutor Refund or Disposal of Excess Contributions Required Under Candidate Name Disbursement For: Category/ Type Office Sought: House Disbursement For: Category/ Type State: District: Primary General Full Name (Last, First, Middle Initial) Other (specify) ▼ Transaction ID: 90114.E389 Southwest Date of Disbursement 1 Mailing Address via internet Image: Category/ Type Y Purpose of Disbursement Category/ Travel Y Y Candidate Name Disbursement For: Category/ Type Y Y Office Sought: House Disbursement For: Category/ Type Mailing Address Via Disbursement For: Office Sought: House Disbursement For: Category/ Type MEMO: TRAVEL Office Sought: House Disbursement For: MEMO: TRAVEL Other (specify) V Other (specify) V	Mailing Address 1038 19th Street #5			$\begin{bmatrix} M \\ 1 \\ 2 \end{bmatrix} \begin{bmatrix} M \\ 2 \end{bmatrix} \begin{bmatrix} D \\ 1 \\ 8 \end{bmatrix} \begin{bmatrix} D \\ 1 \\ 8 \end{bmatrix} \begin{bmatrix} Y \\ 2 \\ 0 \\ 0 \\ 8 \end{bmatrix} \begin{bmatrix} Y \\ 2 \\ 0 \\ 0 \\ 8 \end{bmatrix}$
Transaction ID: 90114.E389 Candidate Name Disbursement For: Candidate Name Disbursement For: State: District: Full Name (Last, First, Middle Initial) Other (specify) ▼ Southwest Transaction ID: Mailing Address via internet City State Purpose of Disbursement Travel Category/ Othice Sought: Candidate Name Disbursement For: Purpose of Disbursement Y 2 0 0 8 City State Purpose of Disbursement Travel Category/ Type Candidate Name Disbursement For: Office Sought: House Disbursement For: Disbursement For: Office Sought: President Disbursement For: Other (specify) ▼				Amount of Each Disbursement this Perio
Office Sought: House Disbursement For: General REIMBURSEMENT SEE BELOV State: District: Other (specify) ✓ REIMBURSEMENT SEE BELOV Full Name (Last, First, Middle Initial) Southwest Transaction ID: 90114.E389 Date of Disbursement Mailing Address via internet Image: City State Zip Code Amount of Each Disbursement this Primary City State Zip Code Amount of Each Disbursement this Primary Gategory/ Type Image: City Code Amount of Each Disbursement this Primary Office Sought: House Disbursement For: Category/ Type Category/ Type Image: City Code Amount of Each Disbursement this Primary Office Sought: House Disbursement For: Category/ Type MeMO ITEM] MeMO: TRAVEL	Reimbursement see below		Category/	Refund or Disposal of Excess Contributions Required Under
Full Name (Last, First, Middle Initial) Transaction ID: 90114.E389 Southwest Date of Disbursement Mailing Address via internet City State Zip Code Purpose of Disbursement Amount of Each Disbursement this Program Travel Category/ Type Office Sought: House Disbursement For: Senate President Disbursement For: Other (specify) Memory	Senate President	Primary General	Туре	REIMBURSEMENT SEE BELOW
City State Zip Code Purpose of Disbursement 410.00 Travel Candidate Name Category/ Type Office Sought: House Disbursement For: Senate Primary General President Other (specify) MEMO: TRAVEL	Full Name (Last, First, Middle Initial)			Date of Disbursement
Purpose of Disbursement 410.00 Travel Category/ Candidate Name Category/ Office Sought: House Disbursement For: Senate Primary General Other (specify) MEMO: TRAVEL	Mailing Address via internet			$\begin{array}{c} \begin{array}{c} M \\ 1 \\ 2 \end{array} \begin{array}{c} P \\ 1 \\ 2 \end{array} \begin{array}{c} P \\ 1 \\ 5 \end{array} \begin{array}{c} P \\ 2 \\ 0 \\ 0 \\ 8 \end{array} \begin{array}{c} P \\ 1 \\ 2 \\ 0 \\ 0 \\ 8 \end{array} $
Travel Category/ Type Candidate Name Category/ Type Office Sought: House Disbursement For: Disbursement For: Primary General Other (specify) MEMO: TRAVEL	City	State Zip Code		Amount of Each Disbursement this Perio
Office Sought: House Disbursement For: I1 C.F.R. 400.53 Senate Primary General President Other (specify)	Travel			Refund or Disposal of Excess
Office Sought: House Disbursement For: Senate Primary General President Other (specify) ▼				11 C.F.R. 400.53
State: DISTRICT:	Senate President	Primary General		
SUBTOTAL of Disbursements This Page (optional)				410.00

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	FOR LINE I (check only	one)	
	Detailed Summary Page	×	20a 20b 20c 21	
Any Information copied from such Reports and State or for commercial purposes, other than using the nan				
NAME OF COMMITTEE (In Full)				
Friends of Jason Chaffetz				
Full Name (Last, First, Middle Initial) Lena Fleming			Transaction ID: 90114.E383 Date of Disbursement	
Mailing Address 398 East 750 South			12 ^M /12 ^M /18 ^V /2008 ^V	
City Salem	State Zip Code UT 84653-		Amount of Each Disbursement this Period	
Purpose of Disbursement	Г		2689.37	
Candidate Name	(Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Senate President	ement For: Primary General Other (specify) ▼			
State: District:				
Full Name (Last, First, Middle Initial) Morgan, Meredith & Associates			Transaction ID: 90114.E384 Date of Disbursement	
Mailing Address 2874 Townsend Road Suite 1000			12 31 2008	
City Herndon	State Zip Code VA 20171-		Amount of Each Disbursement this Perio	
Purpose of Disbursement Campaign fundrasier consulting		Refund or Disposal of Excess		
Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53	
Office Sought: House Disburs Senate President State: District:	ement For: Primary General Other (specify) ▼		CAMPAIGN FUNDRASIER CONSU LTING	
Full Name (Last, First, Middle Initial) Kellie Nelson			Transaction ID: 90114.E382 Date of Disbursement	
Mailing Address 513 South 470 West			$\begin{bmatrix} M & M \\ 1 & 1 \end{bmatrix} \begin{bmatrix} I & D \\ 2 & G \end{bmatrix} \begin{bmatrix} I & Y \\ Y & 2 & 0 & 0 \\ 0 & 8 \end{bmatrix}$	
City Spanish Fork	State Zip Code UT 84660-		Amount of Each Disbursement this Perio	
Purpose of Disbursement				
Mileage and phone Candidate Name		Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: House Disburs Senate President State: District:	ement For: Primary General Other (specify) V		MILEAGE AND PHONE	
SUBTOTAL of Disbursements This Page (optional)		►	4839.48	
TOTAL This Period (last page this line number only				
E5AN018	,		FEC Schedule B (Form 3) (Revised	

CHEDULE B (FEC Form 3)	Use separate schedule(s)	FOR LINE NUMBER: (check only one)		PAGE 12/15
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	l `	X 17 18	19a 19b 20c 21
ny Information copied from such Reports and Stat r for commercial purposes, other than using the na				
NAME OF COMMITTEE (In Full)				
Friends of Jason Chaffetz				
Full Name (Last, First, Middle Initial) PayPal			Transaction ID: 9(Date of Disbursemer	
Mailing Address via internet			1 ^M 1 ^M / 3 ^D 3 ^D	Y Y Y Y Y Y Y
City	State Zip Code		Amount of Each Dist	oursement this Perio
Purpose of Disbursement				3.96
Merchant account fees			Refund or Dispos	al of Excess
Candidate Name		Category/ Type	Contributions Red 11 C.F.R. 400.53	
Office Sought: House Disbur Senate President State: District:	rsement For: Primary General Other (specify) ▼		MERCHANT ACC	OUNT FEES
Full Name (Last, First, Middle Initial)			Transaction ID: 90	0114.E385
Reflections Press			Date of Disbursemer	nt
Mailing Address 582 South 1100 West			1 ^M 2 ^M / ^D 1 ^B	Ý 2008 ^Y
City Woods Cross	State Zip Code UT 84087-		Amount of Each Disk	oursement this Perio
Purpose of Disbursement				8147.86
Christmas cards Candidate Name		Category/ Type	Refund or Dispos Contributions Rev 11 C.F.R. 400.53	quired Under
Office Sought: House Disbur Senate President State: District:	rsement For: Primary General Other (specify) ▼		CHRISTMAS CAR	DS
Full Name (Last, First, Middle Initial) Jennifer Scott			Transaction ID: 90 Date of Disbursemer	
Mailing Address 1486 Fox Pointe Dr			12 ^M /04	Ý ŽOŎ8
City West Jordan	State Zip Code UT 84088-		Amount of Each Disk	oursement this Perio
Purpose of Disbursement			<u>L</u>	203.01
Reimbursement see below Candidate Name		Category/ Type	Refund or Dispos Contributions Red 11 C.F.R. 400.53	quired Under
Office Sought: House Disbut Senate President State: District:	rsement For: Primary General Other (specify) ▼	<u>і урс</u>	REIMBURSEMEN	T SEE BELOW
SUBTOTAL of Disbursements This Page (optiona	l)	>		8354.83
FOTAL This Period (last page this line number on				
5AN018	ıy)	····· P		(Form 3) (Revised

	EDULE B (FEC Form 3) IIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check only	NUMBER: PAGE 13/15 y one) X 17 18 19a 19b
Any Info	ormation copied from such Reports and Stater		y any person f	20a 20b 20c 21 for the purpose of soliciting contributions
	ommercial purposes, other than using the nam			
1	ME OF COMMITTEE (In Full) ends of Jason Chaffetz			
/ ""	THUS OF JASON CHAILER			
	Name (Last, First, Middle Initial) Iobile			Transaction ID: 90114.E381 Date of Disbursement
Mail	ling Address P.O. Box 660252			$\begin{bmatrix} M & M \\ 1 & 2 \end{bmatrix} \begin{pmatrix} D & D \\ 0 & 1 \end{bmatrix} \begin{pmatrix} Y & Y & Y \\ 2 & 0 & 0 \\ 8 \end{bmatrix}$
City Dal		State Zip Code TX 75266-0252		Amount of Each Disbursement this Perio
	pose of Disbursement	r		203.01
	phone didate Name		Category/	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
			Туре	[MEMO ITEM]
	Senate President	ement For: Primary General Other (specify) ▼		MEMO: CELL PHONE
Stat				
	Name (Last, First, Middle Initial) I Smith			Transaction ID: 90114.E373 Date of Disbursement
Mail	ing Address 1212 Avalon Dr.			111 $26 $ 2008
	ingville	State Zip Code UT 84663-		Amount of Each Disbursement this Perio
	pose of Disbursement age reimbursement		· · ·]	99.45 Refund or Disposal of Excess
	didate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53
Offic	Senate President	ement For: Primary General Other (specify) ▼		MILEAGE REIMBURSEMENT
Full	Name (Last, First, Middle Initial) I Smith			Transaction ID: 90114.E374 Date of Disbursement
Mail	ling Address 1212 Avalon Dr.			$12^{M} / 24^{V} / 2008^{V}$
City Spr	ingville	State Zip Code UT 84663-		Amount of Each Disbursement this Perio
	pose of Disbursement	1		165.56
	nbursement see below didate Name		Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Offic	Senate President	ement For: Primary General Other (specify) ▼		REIMBURSEMENT SEE BELOW
	OTAL of Disbursements This Page (optional)		►	265.01
	L This Period (last page this line number only			
		/	····· F	FEC. Schedule B (Form 3) (Powiece
FE5AN01	۱ö			FEC Schedule B (Form 3) (Revi

SCHEDULE B (FEC Form 3)	Use separate schedule(s)	FOR LINE (check onl	NUMBER: PAGE 14/15
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		X 17 18 19a 19b 20a 20b 20c 21
ny Information copied from such Reports and State r for commercial purposes, other than using the nar			
NAME OF COMMITTEE (In Full)			
Friends of Jason Chaffetz			
Full Name (Last, First, Middle Initial) At&t			Transaction ID: 90114.E375 Date of Disbursement
Mailing Address via internet			$12^{M} / 01^{I} / 2008^{Y}$
City	State Zip Code		Amount of Each Disbursement this Period
Purpose of Disbursement			49.14
Cell phone Candidate Name		Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: House Disbur Senate President State: District:	sement For: Primary General Other (specify) ▼		[MEMO ITEM] MEMO: CELL PHONE
Full Name (Last, First, Middle Initial) Dell Smith			Transaction ID: 90114.E376 Date of Disbursement
Mailing Address 1212 Avalon Dr.			
City Springville	StateZip CodeUT84663-		Amount of Each Disbursement this Period
Purpose of Disbursement Reimbursement see below			262.09
Candidate Name		Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: House Disbur Senate President State: District:	sement For: Primary General Other (specify) ▼		REIMBURSEMENT SEE BELOW
Full Name (Last, First, Middle Initial) Best Buy			Transaction ID: 90114.E397 Date of Disbursement
Mailing Address 35 E 11400 South			$12^{M} / 27 / 2008^{Y}$
City Draper	State Zip Code UT 84020-		Amount of Each Disbursement this Period
Purpose of Disbursement Printer for campaign			262.09
Candidate Name Category/ Type			Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: House Disbur Senate President State: District:	sement For: Primary General Other (specify) ▼		[MEMO ITEM] MEMO: PRINTER FOR CAMPAIGN
SUBTOTAL of Disbursements This Page (optional)	····· Þ	262.09
FOTAL This Period (last page this line number onl	у)	►	
5AN018			FEC Schedule B (Form 3) (Revised

SCHEDULE B (FEC Form 3) TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one) PAGE 15 / 15 X 17 18 19a 19b
	Detailed Summary Page	$\begin{array}{c c c c c c c c c c c c c c c c c c c $
Any Information copied from such Reports and State or for commercial purposes, other than using the nar		any person for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)	ne and address of any political Coll	
Friends of Jason Chaffetz		
Full Name (Last, First, Middle Initial) Vistar Creative		Transaction ID: 90114.E386 Date of Disbursement
Mailing Address PO Box 4531		1 1 M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Grand Junction	StateZip CodeCO81502-	Amount of Each Disbursement this Perio
Purpose of Disbursement		750.00
Website consulting Candidate Name		Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: House Disburs Senate President State: District:	sement For: Primary General Other (specify) ▼	WEBSITE CONSULTING
Full Name (Last, First, Middle Initial)		
Zions Bank		Transaction ID: 90114.E387 Date of Disbursement
Mailing Address PO Box 30709		
City Salt Lake City	State Zip Code UT 84130-0709	Amount of Each Disbursement this Peric
Purpose of Disbursement Merchant account fees		
Candidate Name		ategory/ Type Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: House Disbur Senate President State: District:	sement For: Primary General Other (specify) ▼	MERCHANT ACCOUNT FEES
Full Name (Last, First, Middle Initial) Zions Bank		Transaction ID: 90114.E388 Date of Disbursement
Mailing Address PO Box 30709		12 ^M /31 ^Y YYYY
City Salt Lake City	StateZip CodeUT84130-0709	Amount of Each Disbursement this Perio
Purpose of Disbursement		66.95
Merchant account fees Candidate Name		Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: House Disbur Senate President State: District:	sement For: Primary General Other (specify) ▼	MERCHANT ACCOUNT FEES
SUBTOTAL of Disbursements This Page (optional)	915.25
TOTAL This Period (last page this line number onl	y)	20678.10
E5AN018		FEC Schedule B (Form 3) (Revise