



**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name

Friends of Jason Chaffetz

Report Covering the Period: From:

M M D D Y Y Y Y  
1 1 2 5 2 0 0 8

To:

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

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e)).....	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 <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed <b>BY</b> 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

**DETAILED SUMMARY PAGE**  
of Receipts

Write or Type Committee Name  
Friends of Jason Chaffetz

Report Covering the Period: From: 

M	M
1	1

D	D
2	5

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	8

**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).....

155.00

155.00

(ii) Unitemized.....

0.00

0.00

(iii) TOTAL of contributions

from individuals..... ▶

155.00

155.00

0.00

0.00

(b) Political Party Committees.....

(c) Other Political Committees (such as PACS).....

0.00

0.00

(d) The Candidate.....

0.00

0.00

(e) TOTAL CONTRIBUTIONS

(other than loans)

(add Lines 11(a)(iii), (b), (c), and (d))

155.00

155.00

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

0.00

15. OTHER RECEIPTS (Dividends, Interest, etc.).....

0.00

0.00

16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶

155.00

155.00

**DETAILED SUMMARY PAGE**  
of Disbursements

**II. DISBURSEMENTS**

**COLUMN A**  
**Total This Period**

**COLUMN B**  
**Election Cycle-to-Date**

17. OPERATING EXPENDITURES.....	20678.10	31208.12
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	0.00
(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	0.00
21. OTHER DISBURSEMENTS.....	0.00	0.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ▶	20678.10	31208.12

**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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 5 / 15  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
Friends of Jason Chaffetz

**A.** Full Name (Last, First, Middle Initial)  
Douglas Chotekvys

Mailing Address 25602 Rocky beach Lane

City Dana Point State CA Zip Code 92629

FEC ID number of contributing federal political committee. C

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 75.00

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

**Transaction ID:** 90114.C1122

Amount of Each Receipt this Period 75.00

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

**B.** Full Name (Last, First, Middle Initial)  
Sidney Lockwood

Mailing Address 1520 N. Dove Lane

City Saint George State UT Zip Code 84770

FEC ID number of contributing federal political committee. C

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 5.00

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

**Transaction ID:** 90114.C1123

Amount of Each Receipt this Period 5.00

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

**C.** Full Name (Last, First, Middle Initial)  
Kelly Reiterman

Mailing Address 556 N. Mayfair Ave

City Daly City State CA Zip Code 94015

FEC ID number of contributing federal political committee. C

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 25.00

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

**Transaction ID:** 90114.C1124

Amount of Each Receipt this Period 25.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... 105.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: <span style="float: right;">PAGE 6 / 15</span>	
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
<input type="checkbox"/> 14	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
Friends of Jason Chaffetz

**A.**

Full Name (Last, First, Middle Initial) Norman M. Ryan		Date of Receipt
Mailing Address 1018 Neosho Dr		<input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="8"/>
City	State	Zip Code
Forked River	NJ	08731
FEC ID number of contributing federal political committee.		Transaction ID: 90114.C1121
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="50.00"/>
Name of Employer N/A	Occupation Retired	Receipt
Receipt For: 2010	Election Cycle-to-Date ▼	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="50.00"/>	
<input checked="" type="checkbox"/> Other (specify) ▼ Primary 2010		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="50.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text" value="155.00"/>

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	19b
<input type="checkbox"/>	20a	<input type="checkbox"/>	20b	<input type="checkbox"/>	20c	<input type="checkbox"/>	21

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NAME OF COMMITTEE (In Full)  
Friends of Jason Chaffetz

<b>A.</b>	Full Name (Last, First, Middle Initial) CBIZ <hr/> Mailing Address 175 S. West Temple, Suite 650 <hr/> City Salt Lake City State UT Zip Code 84101- <hr/> Purpose of Disbursement Accounting Candidate Name <span style="float: right;">Category/Type</span> <hr/> 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:	Transaction ID: 90114.E372 Date of Disbursement 12 / 31 / 2008 <hr/> Amount of Each Disbursement this Period 2229.54 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 ACCOUNTING
<b>B.</b>	Full Name (Last, First, Middle Initial) Jason Chaffetz <hr/> Mailing Address 315 Westfield Circle <hr/> City Alpine State UT Zip Code 84004-1594 <hr/> Purpose of Disbursement Reimbursement see below Candidate Name <span style="float: right;">Category/Type</span> <hr/> 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:	Transaction ID: 90114.E377 Date of Disbursement 12 / 10 / 2008 <hr/> Amount of Each Disbursement this Period 2215.79 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 REIMBURSEMENT SEE BELOW
<b>C.</b>	Full Name (Last, First, Middle Initial) Costco <hr/> Mailing Address 11100 Auto Mall Drive <hr/> City Sandy State UT Zip Code 84070- <hr/> Purpose of Disbursement Computer for campaign Candidate Name <span style="float: right;">Category/Type</span> <hr/> 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:	Transaction ID: 90114.E395 Date of Disbursement 12 / 06 / 2008 <hr/> Amount of Each Disbursement this Period 695.14 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> MEMO: COMPUTER FOR CAMPAIGN

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>4445.33</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	19b
<input type="checkbox"/>	20a	<input type="checkbox"/>	20b	<input type="checkbox"/>	20c	<input type="checkbox"/>	21

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NAME OF COMMITTEE (In Full)  
Friends of Jason Chaffetz

<b>A.</b> Full Name (Last, First, Middle Initial) Highland Hideaway Mailing Address 11251 N Sunset Dr. City American Fork State UT Zip Code 84003- Purpose of Disbursement Storage rental Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 90114.E394 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 1 / 2 0 0 8
	Amount of Each Disbursement this Period 85.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	<b>[MEMO ITEM]</b> MEMO: STORAGE RENTAL
	Category/ Type
<b>B.</b> Full Name (Last, First, Middle Initial) T-Mobile Mailing Address P.O. Box 660252 City Dallas State TX Zip Code 75266-0252 Purpose of Disbursement Cell phone Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 90114.E396 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 1 / 2 0 0 8
	Amount of Each Disbursement this Period 272.38 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	<b>[MEMO ITEM]</b> MEMO: CELL PHONE
	Category/ Type
<b>C.</b> Full Name (Last, First, Middle Initial) Jason Chaffetz Mailing Address 315 Westfield Circle City Alpine State UT Zip Code 84004-1594 Purpose of Disbursement Reimbursement see below Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 90114.E378 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 8 / 2 0 0 8
	Amount of Each Disbursement this Period 540.52 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	REIMBURSEMENT SEE BELOW
	Category/ Type

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

540.52

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



# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Friends of Jason Chaffetz

A.

Full Name (Last, First, Middle Initial)  
Amtrak

Mailing Address via internet

City State Zip Code

Purpose of Disbursement  
Travel

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 90114.E393  
Date of Disbursement

12 / 09 / 2008

Amount of Each Disbursement this Period

155.00

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

[MEMO ITEM]  
MEMO: TRAVEL

B.

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

Mailing Address 315 Westfield Circle

City State Zip Code  
Alpine UT 84004-1594

Purpose of Disbursement  
Reimbursement see below

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 90114.E379  
Date of Disbursement

12 / 31 / 2008

Amount of Each Disbursement this Period

645.59

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

REIMBURSEMENT SEE BELOW

C.

Full Name (Last, First, Middle Initial)  
Amtrak

Mailing Address via internet

City State Zip Code

Purpose of Disbursement  
Travel

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 90114.E392  
Date of Disbursement

12 / 22 / 2008

Amount of Each Disbursement this Period

218.50

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

[MEMO ITEM]  
MEMO: TRAVEL

SUBTOTAL of Disbursements This Page (optional) ▶

645.59

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

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	19b
<input type="checkbox"/>	20a	<input type="checkbox"/>	20b	<input type="checkbox"/>	20c	<input type="checkbox"/>	21

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NAME OF COMMITTEE (In Full)  
Friends of Jason Chaffetz

A.	Full Name (Last, First, Middle Initial) Verizon Wireless	Transaction ID: 90114.E391 Date of Disbursement 12 / 01 / 2008
	Mailing Address PO Box 9622	Amount of Each Disbursement this Period 200.00
	City Mission Hills State CA Zip Code 91346-9622	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Cell phone Candidate Name	<b>[MEMO ITEM]</b> MEMO: CELL PHONE
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Alisia Essig	Transaction ID: 90114.E371 Date of Disbursement 12 / 18 / 2008
	Mailing Address 1038 19th Street #5	Amount of Each Disbursement this Period 410.00
	City Arlington State VA Zip Code 22202-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Reimbursement see below Candidate Name	REIMBURSEMENT SEE BELOW
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Southwest	Transaction ID: 90114.E389 Date of Disbursement 12 / 15 / 2008
	Mailing Address via internet	Amount of Each Disbursement this Period 410.00
	City State Zip Code	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Travel Candidate Name	<b>[MEMO ITEM]</b> MEMO: TRAVEL
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>410.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Friends of Jason Chaffetz

<b>A.</b>	Full Name (Last, First, Middle Initial) Lena Fleming Mailing Address 398 East 750 South City Salem State UT Zip Code 84653- Purpose of Disbursement Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 90114.E383 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 2 / 1 8 / 2 0 0 8	Amount of Each Disbursement this Period 2689.37 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>B.</b>	Full Name (Last, First, Middle Initial) Morgan, Meredith & Associates Mailing Address 2874 Townsend Road Suite 1000 City Herndon State VA Zip Code 20171- Purpose of Disbursement Campaign fundrasier consulting Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 90114.E384 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 8	Amount of Each Disbursement this Period 2000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 CAMPAIGN FUNDRASIER CONSU- LTING
<b>C.</b>	Full Name (Last, First, Middle Initial) Kellie Nelson Mailing Address 513 South 470 West City Spanish Fork State UT Zip Code 84660- Purpose of Disbursement Mileage and phone Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 90114.E382 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 2 6 / 2 0 0 8	Amount of Each Disbursement this Period 150.11 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 MILEAGE AND PHONE

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>4839.48</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Friends of Jason Chaffetz

A.

Full Name (Last, First, Middle Initial)  
PayPal

Mailing Address via internet

City State Zip Code

Purpose of Disbursement  
Merchant account fees  
Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Transaction ID: 90115.E398  
Date of Disbursement

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

Amount of Each Disbursement this Period

3.96
------

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

MERCHANT ACCOUNT FEES

B.

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

Mailing Address 582 South 1100 West

City State Zip Code  
Woods Cross UT 84087-

Purpose of Disbursement  
Christmas cards  
Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Transaction ID: 90114.E385  
Date of Disbursement

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

Amount of Each Disbursement this Period

8147.86
---------

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

CHRISTMAS CARDS

C.

Full Name (Last, First, Middle Initial)  
Jennifer Scott

Mailing Address 1486 Fox Pointe Dr

City State Zip Code  
West Jordan UT 84088-

Purpose of Disbursement  
Reimbursement see below  
Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Transaction ID: 90114.E380  
Date of Disbursement

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

Amount of Each Disbursement this Period

203.01
--------

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

REIMBURSEMENT SEE BELOW

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

8354.83
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TOTAL This Period (last page this line number only) .....

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**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Friends of Jason Chaffetz

<b>A.</b>	Full Name (Last, First, Middle Initial) T-Mobile  Mailing Address P.O. Box 660252  City Dallas State TX Zip Code 75266-0252  Purpose of Disbursement Cell phone Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 90114.E381 Date of Disbursement 12 / 01 / 2008  Amount of Each Disbursement this Period 203.01  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  <b>[MEMO ITEM]</b> MEMO: CELL PHONE
<b>B.</b>	Full Name (Last, First, Middle Initial) Dell Smith  Mailing Address 1212 Avalon Dr.  City Springville State UT Zip Code 84663-  Purpose of Disbursement Mileage reimbursement Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 90114.E373 Date of Disbursement 11 / 26 / 2008  Amount of Each Disbursement this Period 99.45  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  MILEAGE REIMBURSEMENT
<b>C.</b>	Full Name (Last, First, Middle Initial) Dell Smith  Mailing Address 1212 Avalon Dr.  City Springville State UT Zip Code 84663-  Purpose of Disbursement Reimbursement see below Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 90114.E374 Date of Disbursement 12 / 24 / 2008  Amount of Each Disbursement this Period 165.56  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  REIMBURSEMENT SEE BELOW

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

265.01

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

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Friends of Jason Chaffetz

A.

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

Mailing Address via internet

City State Zip Code

Purpose of Disbursement  
Cell phone

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 90114.E375

Date of Disbursement

12 / 01 / 2008

Amount of Each Disbursement this Period

49.14

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

[MEMO ITEM]

MEMO: CELL PHONE

B.

Full Name (Last, First, Middle Initial)  
Dell Smith

Mailing Address 1212 Avalon Dr.

City State Zip Code  
Springville UT 84663-

Purpose of Disbursement  
Reimbursement see below

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 90114.E376

Date of Disbursement

12 / 31 / 2008

Amount of Each Disbursement this Period

262.09

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

REIMBURSEMENT SEE BELOW

C.

Full Name (Last, First, Middle Initial)  
Best Buy

Mailing Address 35 E 11400 South

City State Zip Code  
Draper UT 84020-

Purpose of Disbursement  
Printer for campaign

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 90114.E397

Date of Disbursement

12 / 27 / 2008

Amount of Each Disbursement this Period

262.09

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

[MEMO ITEM]

MEMO: PRINTER FOR CAMPAIGN

SUBTOTAL of Disbursements This Page (optional) ▶

262.09

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

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Friends of Jason Chaffetz

<p><b>A.</b> Full Name (Last, First, Middle Initial) Vistar Creative</p> <p>Mailing Address PO Box 4531</p> <p>City Grand Junction State CO Zip Code 81502-</p> <p>Purpose of Disbursement Website consulting</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 90114.E386</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="8"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="750.00"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>WEBSITE CONSULTING</b></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Zions Bank</p> <p>Mailing Address PO Box 30709</p> <p>City Salt Lake City State UT Zip Code 84130-0709</p> <p>Purpose of Disbursement Merchant account fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 90114.E387</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="3"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="8"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="98.30"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>MERCHANT ACCOUNT FEES</b></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Zions Bank</p> <p>Mailing Address PO Box 30709</p> <p>City Salt Lake City State UT Zip Code 84130-0709</p> <p>Purpose of Disbursement Merchant account fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 90114.E388</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="3"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="8"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="66.95"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>MERCHANT ACCOUNT FEES</b></p>

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p><input type="text" value="915.25"/></p>
<p><b>TOTAL</b> This Period (last page this line number only) .....</p>	<p><input type="text" value="20678.10"/></p>