

**FEC FORM 2  
STATEMENT OF CANDIDACY**

RECEIVED

1. (a) Name of Candidate (in full) Cherilyn B. Eagar		2011 AUG -9 AM 11:03	
(b) Address (number and street) 5202 Saddleback Drive		Check if address changed	2. Identification Number FEC MAIL CENTER
(c) City, State and ZIP Code Salt Lake City UT 84117-		3. Is This Statement <input checked="" type="checkbox"/> New (N) OR Amended (A)	
4. Party Affiliation REPUBLICAN PARTY	5. Office Sought House	6. State & District of Candidate UT 02	

**DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE**

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2012 election(s).  
(year of election)

**NOTE:**This designation should be filed with the appropriate office listed in the instructions.

(a) Name of Committee (in full) Friends of Cherilyn Eagar		
(b) Address (number and street) 5202 Saddlebrook Drive		
(c) City, State and ZIP Code Salt Lake City UT 84117-		

**DESIGNATION OF OTHER AUTHORIZED COMMITTEES**  
(Including Joint Fundraising Representatives)

8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.

**NOTE:**This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)		
(b) Address (number and street)		
(c) City, State and ZIP Code		

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct, and complete.

Signature of Candidate Cherilyn B. Eagar <i>Cherilyn B. Eagar</i>	Date 08/01/2011
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**NOTE:**Submission of false, erroneous or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.

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Federal Election Commission  
**ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS**  
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*Jm P*  
 PREPARER

8/9/11  
 DATE PREPARED

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