FEC FORM 1	STATEMEN ORGANIZA			Office Use Only
1. NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5	
Friends of Cher				
ADDRESS (number and street)	5202 Saddlebrook Drive			
(Check if address				
is changed)	Salt Lake City			84117
	CIJ	ΓY	STATE	ZIP CODE
COMMITTEE'S E-MAIL ADDR (Check if address is changed)	ESS (Please provide only one e-ma cherilyn@cherilyneagar.com	ail address)		
COMMITTEE'S WEB PAGE A	DDRESS (URL)			
(Check if address				
is changed)				
2. DATE 10	14 / Y Y Y Y 2011			
. FEC IDENTIFICATION N	UMBER C COOS	00959		
. IS THIS STATEMENT	K NEW (N) OR	AMENDED (A)		
certify that I have examined	this Statement and to the best of	my knowledge and belief in	t is true, correct	and complete.
ype or Print Name of Treasu	er Corie Chan			
Corie	Chan	[Electronically Filed]	Date 10	14 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
NOTE: Submission of false, erro	neous, or incomplete information ma ANY CHANGE IN INFORMATION			the penalties of 2 U.S.C. §437
Office Use Only		For further information of Federal Election Commissi Toll Free 800-424-9530 Local 202-694-1100		FEC FORM 1 (Revised 02/2009)

PAGE 1/5

	-			_
	F	EC For	m 1 (Revised 02/2009)	Page <b>2</b>
5.	–		OMMITTEE	
	Cano		Committee:	
	(a)	X	This committee is a principal campaign committee. (Complete the candidate information below.)	
	(b)		This committee is an authorized committee, and is NOT a principal campaign committee. (Complet information below.)	e the candidate
	Name Candie		Cherilyn Eagar	
	Candio		Office	State
	Party	Affiliatio	on REP Sought: X House Senate President	District 02
	(C)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
	Name Candio			
	Party	y Com	mittee:	
	(d)			mocratic, publican, etc.) Party.
	Politi	ical A	ction Committee (PAC):	
	(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connect	ted organization is a:
			Corporation Corporation w/o Capital Stock	abor Organization
			Membership Organization Trade Association	ooperative
			In addition, this committee is a Lobbyist/Registrant PAC.	
	(f)		This committee supports/opposes more than one Federal candidate, and is NOT a separate segree committee. (i.e., nonconnected committee)	gated fund or party
			In addition, this committee is a Lobbyist/Registrant PAC.	
			In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
	Joint	Fund	raising Representative:	
	(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two o committees/organizations, at least one of which is an authorized committee of a federal candidate.	r more political
	(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or committees/organizations, none of which is an authorized committee of a federal candidate.	r more political
		Com	nittees Participating in Joint Fundraiser	
		1.	FEC ID number	
		2.	FEC ID number	
		3.	FEC ID number	
		4.	FEC ID number C	

ł

FEC Form 1 (Revised 02/2009)

Page 3

Write or Type Committee Name

## Friends of Cherilyn Eagar

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

Mailing Address		L																										
		L																										
																					L	1	ļ		_			
								CIT	Y								S	TATI	E				ZI	ΡC	COD	Ε		
Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor																												
Relationship:	Conne	cted C	rgani	zatio	n	Aff	iliate	ed C	omi	nitte	e	Joir	nt Fu	undra	aisii	ng F	Rep	ores	ent	ativ	/e	Le	eade	ersł	nip F	PAC	Spo	ons

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

Corie Cha	an
Full Name	
Mailing Address	PO Box 901483
	[
	Sandy UT 84090   Image: Image of the second s
Title or Position	CITY STATE ZIP CODE
Treasurer	Telephone number 801 842 1445

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

Full Name of Treasurer	Corie Chan
Mailing Address	PO Box 901483
	Sandy
	CITY STATE ZIP CODE
Title or Position Treasurer	Telephone number 801 - 842 - 1445

FEC Form 1 (Revised 02/2009)

Full Name of Designated Agent			 																						
Mailing Address																									
																							-[		
							CI	ΓY									STA	ΤE			ZIP	Р С	ODI	Ξ	
Title or Position																									
												Tele	eph	ione	e ni	umt	ber						-[		

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

Name	of	Bank,	Depository,	etc.
------	----	-------	-------------	------

US Ba	nk		
Mailing Address	1998 E 4800 S		
	Salt Lake City	UT 84117	
	CITY	STATE	ZIP CODE
Name of Bank, Depository,	etc.		
Mailing Address			
	CITY	STATE	ZIP CODE

Image# 11971587458

## FORM 1S -STATEMENT OF ORGANIZATION (Supplemental Page)

FEC Form 1G (Revised 06/2011)

Page 5

Banks or Other Depositories: safety deposit boxes or maintai		which the committee deposits funds	, holds accounts, rents
Name of Bank, Depository, etc.			[ ADDITIONAL ]
First Vir	gipai Bank		<u></u>
Mailing Address	11325 Random Hills Rd		
	Fairfax		22030
	CITY 🗖	STATE 🗖	
- Name of Any Connected Orga	anization, Affiliated Committee, Joint I	Fundraising Representative, or Lea	[ ADDITIONAL ] adership PAC Sponsor
Mailing Address			
Relationship:	CITY	STATE 🖨	ZIP CODE 📥
Connected Organization	Affiliated Committee Joint	Fundraising Representative	eadership PAC Sponsor
Designated Agent			[ ADDITIONAL ]
Full Name			
Mailing Address			
Title or Position	CITY 📥	STATE	ZIP CODE
		Telephone number	
Joint Fundraiser Participant			[ ADDITIONAL ]
		FEC ID number	