

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

COUNCIL FOR RESPONSIBLE NUTRITION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. FRIENDS OF JASON CHAFFETZ

Mailing Address 315 Westfield Circle

City Alpine State UT Zip Code 84004

Purpose of Disbursement

011

Candidate Name

FRIENDS OF JASON CHAFFETZ

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: UT District: 03

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	6		2	0	1	1

Transaction ID : SB23.4431

Amount of Each Disbursement this Period

2	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

B. HATCH ELECTION COMMITTEE INC

Mailing Address 175 SOUTH WEST TEMPLE SUITE 650

City SALT LAKE CITY State UT Zip Code 84101

Purpose of Disbursement

011

Candidate Name

HATCH ELECTION COMMITTEE INC

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: UT District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	1		2	0	1	1

Transaction ID : SB23.4434

Amount of Each Disbursement this Period

4	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

C. HATCH ELECTION COMMITTEE INC

Mailing Address 175 SOUTH WEST TEMPLE SUITE 650

City SALT LAKE CITY State UT Zip Code 84101

Purpose of Disbursement

011

Candidate Name

HATCH ELECTION COMMITTEE INC

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: UT District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	1		2	0	1	1

Transaction ID : SB23.4435

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

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

7	0	0	0	0	0	0	0	0	0

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

7	0	0	0	0	0	0	0	0	0