

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

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

FOR LINE NUMBER: PAGE 23 OF 101  
(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 FOR CHRIS STEWART, INC.**

**A.** Full Name (Last, First, Middle Initial)  
**VILAND, JOSEPH, , ,**

Mailing Address 1276 E TOMAHAWK DR

City SALT LAKE CITY State UT Zip Code 84103

FEC ID number of contributing federal political committee. **C**

Name of Employer INFORMATION REQUESTED Occupation INFORMATION REQUESTED

Receipt For: 2018  
 Primary  General  
 Other (specify) **CONVENTION**

Election Cycle-to-Date **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 02 / 2018

Transaction ID : **A58905890D47541C998F**

Amount of Each Receipt this Period  
 250.00

Memo Item  
RECEIPT

**B.** Full Name (Last, First, Middle Initial)  
**YOUNG, SID, , ,**

Mailing Address 393 E 570 S

City FARMINGTON State UT Zip Code 84025-3257

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2018  
 Primary  General  
 Other (specify) **CONVENTION**

Election Cycle-to-Date **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 02 / 2018

Transaction ID : **A3EBE926A00D24E9CA8E**

Amount of Each Receipt this Period  
 250.00

Memo Item  
RECEIPT

**C.** Full Name (Last, First, Middle Initial)  
**DEBENHAM, DAVID, , ,**

Mailing Address PO BOX 118

City TOQUERVILLE State UT Zip Code 84774

FEC ID number of contributing federal political committee. **C**

Name of Employer MT WEST ANESTHESIA Occupation PHYSICIAN

Receipt For: 2018  
 Primary  General  
 Other (specify) **CONVENTION**

Election Cycle-to-Date **2000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 03 / 2018

Transaction ID : **A5C05D1D8524F451DA33**

Amount of Each Receipt this Period  
 1000.00

Memo Item  
RECEIPT

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

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

1500.00