	ווd hics. Yes ☐ No ✔	Have you excluded from this report any other assets, "uneamed" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	sets, "uneamed" inco Do not answer "yes	Exemptions Have you excluded from this report any other assets, "uneamed" income, transactions, or liable because they meet all three tests for exemption? Do not answer "yes" unless you have first	
	Yes 🗌 No 🗸	Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	ed by the Committee etails of such a trust	Trusts Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain disclosed. Have you excluded from this report details of such a trust benefiting you, your specified by the Committee on Ethics and certain	
	STIONS	TRUST INFORMATION ANSWER EACH OF THESE QUESTIONS	ST INFORMA	EXCLUSION OF SPOUSE, DEPENDENT, OR TRU	I I
	alla the appropriate	schedule attached for each "Yes" response.	•		
	and the appropriate	Each question in this part must be answered	Yes 🗸 No 🗔	Did you, your spouse, or a dependent child have any reportable liability (more V. than \$10,000) during the reporting period?	
	[If yes, complete and attach Schedule IX.		pendor lifyes, complete and attach Schedule IV.	
	butside Yes No V	Did you have any reportable agreement or arrangement with an outside IX. entity?	Yes U No 🖳	your spouse, or dependent child purchase, sell, or exchange any le asset in a transaction exceeding \$1,000 during the reporting	
		If yes, complete and attach Schedule VIII.		If yes, complete and attach Schedule III.	_
	ing in the Yes No	Did you hold any reportable positions on or before the date of filing in the VIII. current calendar year?	Yes 🛭 No 🗌	Did you, your spouse, or a dependent child receive "unearned" income of III. more than \$200 in the reporting period or hold any reportable asset worth more than \$1,000 at the end of the period?	
		If yes, complete and attach Schedule VII.		If yes, complete and attach Schedule II.	, -
	le travel or lan \$335 Yes ✓ No 🖂	Did you, your spouse, or a dependent child receive any reportable travel or VII. reimbursements for travel in the reporting period (worth more than \$335 from one source)?	Yes No 🗸	Did any individual or organization make a donation to charity in lieu of paying II. you for a speech, appearance, or article in the reporting period?	
		If yes, complete and attach Schedule VI.		If yes, complete and attach Schedule I.	1
	le gift in the wise Yes ☐ No ☑	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than \$335 and not otherwise	Yes No V	Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 l. or more from any source in the reporting period?	_
		QUESTIONS	THESE	PRELIMINARY INFORMATION - ANSWER EACH OF	_
	late.		☐ Termination	Type (S) Annual (May 15) Amendment	
	more than 30 days	Termination Date:		Panor	
	be assessed against	Employee		w	
	A \$200 penalty shall	Employing Office:	 	Filer Member of the U.S. State: UT	
<u>.</u>	NIOTING PUR PUR R	(Daytime Telephone)		(Fuil Name)	
X	U.S. HJUSE OF REPARESENTATIVES	801-404-1300 U.S. H		JASON E CHAFFETZ	ı
	TOTAL TO MILIO. OV	103			
	Page 1 of Egis, ATIVE RESOURCE CENTER employees May 1 2 AM In: 09	FORM A Page 1 of 6518 For use by Members, officers, and employees	TATIVES MENT	UNITED STATES HOUSE OF REPRESENTATIVES CALENDAR YEAR 2010 FINANCIAL DISCLOSURE STATEMENT	
					7

SCHEDULE
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- ASSETS
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m Name JASON E. CHAFFETZ Page 2 of 5

	NONE	None	\$500,001 - \$1,000,000	Personal Residence: 315 Westfield Circle, Alpine, UT	JT
	NONE	None	\$15,001 - \$50,000	Marriott Vacation Club	JT
	\$1 - \$200	INTEREST	\$1 - \$1,000	IRA-Wells Fargo Bank Cash	JT
	\$201 - \$1,000	DIVIDENDS	\$15,001 - \$50,000	IRA-Wells Fargo Advantage FDS-Asset Allocation FDS Class B	T
	\$1 - \$200	DIVIDENDS	\$1,001 - \$15,000	IRA-Federated Equity FDS Capital Appreciation Fund CL A	ŢŢ
	\$1 - \$200	DIVIDENDS	\$1,001 - \$15,000	JT IRA-Delta Petroleum Corporation	JT
	earned or generated.			For rental or other real property held for investment, provide a complete address. For an ownership interest in a privately-held business that is not publically traded, state the name of the business, the nature of its activities, and its geographic location in Block A. Exclude: Your personal residence, including second homes and vacation homes (unless there was rental income during the reporting	For rental c address. For an own publically t activities, a Exclude: Y
	assets, indicate the category of Income by checking the appropriate box below. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if no income was	plans or IKAS), you may check the "None" column. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if the asset generated no income	asset was sold and is included only because it is generated income, the value should be "None."	For all IRAs and other retirement plans (such as 401(k) plans) that are self-directed (i.e., plans in which you have the power, even if not exercised, to select the specific investments), provide the value for each asset held in the account that exceeds the reporting thresholds. For retirement accounts which are not self-directed, provide only the name of the institution holding the account and its value at the end of the reporting period.	For all IRAs and self-directed (i.e. exercised, to self-asset held in the retirement account of the institution reporting period.
exceeding exceeding \$1,000 in reporting year.	(such as 401(k) plans or IRAs), you may check the "None" column. For all other	investments or that generate tax-deferred income (such as 401(k)	valuation method other than fair market value, please specify the	Provide complete names of stocks and mutual funds (do not use ticker symbols.)	Provide con symbols.)
Indicate if asset had purchases (P), sales (S), or	For retirement accounts that do not allow you to choose specific investments or that generate tax deferred income	Check all columns that apply. For retirement accounts that do not allow	Value of Asset at close of reporting year. If you use a	Identify (a) each asset held for investment or production of income with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other reportable asset or sources of income which reportable in "income during the year many that the reportable in "income during the year."	Identify (a) a fair mark and (b) any
BLOCK E	BLOCK D	BLOCK C	BLOCK B	BLOCK A	>

SCHEDULE III - ASSETS AND "UNEARNED" INCOME Ļ <u>ا</u> DC3 DC2 DC1 DC3 DC2 DC1 Zions Bank, Alpine, UT Zions Bank, Alpine, UT Zions Bank, Alpine, UT Wells Fargo Bank, Alpine, UT Horizon Fund Utah State Retirement-Long America-529A America-529A America-529A The Investment Company of The Investment Company of The Investment Company of \$1,001 -\$15,000 \$1,001 -\$15,000 \$1,001 -\$15,000 \$1,001 -\$15,000 \$1,001 -\$15,000 \$1,001 -\$15,000 \$1,001 -\$15,000 \$1 - \$1,000 Name JASON E. CHAFFETZ DIVIDENDS DIVIDENDS DIVIDENDS INTEREST INTEREST INTEREST DIVIDENDS INTEREST \$1 - \$200 \$1 - \$200 \$1 - \$200 \$1 - \$200 \$1 - \$200 \$201 - \$1,000 \$201 - \$1,000 \$201 - \$1,000 Page 3 of 5

SCHEDULE V - LIABILITIES

Name JASON E. CHAFFETZ

Page 4 of 5

Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. Exclude: Any mortgage on your personal residence (unless all or part of it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report "revolving charge accounts" (i.e., credit cards) only if the balance at the close of the preceding calendar year exceeded \$10,000.

J Ir	SP, DC, JT
PNC Bank, Dayton, OH	Creditor
February 2009	Date Liability Incurred
Mortgage on 315 Westfield Circle, Alpine, UT	Type of Liability
\$250,001 - \$500,000	Amount of Liability

SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS

Name JASON E CHAFFETZ Page 5 of 5

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than \$35 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the spouse or dependent child that is totally independent of his or her relationship to you the Foreign Gifts and Decorations Act (5 U.S.C § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a sponsor. Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the

Source	Date(s)	Point of Departure DestinationPoint of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family g? Food? Member Included? (Y/N) (Y/N)	Days not at sponsor's expense
Lexington Institute	November 11, 2010 to November	Washington, DC/Salt Lake City, UT-Havana, Cuba- Washington, DC/Salt Lake City, UT	~	~	Y	None
American Israel Education Foundation	July 5, 2010 to July 12, 2010	Salt Lake City, UT-Tel Aviv, Israel-Salt Lake City, UT	~	~	~	None
The Aspen Institute Congressional Program	May 31, 2010 to June 6, 2010	Salt Lake City, UT-Tunis, Tunisia-Salt Lake City, UT	~	~	~	None