

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT** ▼ Example: If typing, type over the lines. 12FE4M5
Paul Chabot Congress

ADDRESS (number and street) 12223 Highland Avenue
106-228
 Check if different than previously reported. (ACC) Rancho Cucamonga CA 91739-2574

2. **FEC IDENTIFICATION NUMBER** ▼ C C00557884 CITY ▲ STATE ▲ ZIP CODE ▲
3. IS THIS REPORT NEW (N) **OR** AMENDED (A) STATE ▼ DISTRICT
40

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report (Q1)
 July 15 Quarterly Report (Q2)
 October 15 Quarterly Report (Q3)
 January 31 Year-End Report (YE)
 Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on M M / D D / Y Y Y Y in the State of
(c) 30-Day **POST**-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on M M / D D / Y Y Y Y in the State of

5. Covering Period M M / D D / Y Y Y Y through M M / D D / Y Y Y Y
07 / 01 / 2015 through 09 / 30 / 2015

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
Type or Print Name of Treasurer Kelly Lawler
Signature of Treasurer Kelly Lawler *[Electronically Filed]* Date M M / D D / Y Y Y Y
10 / 15 / 2015

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name
Paul Chabot Congress

Report Covering the Period: From: / / To: / /

| | COLUMN A This Period | COLUMN B Election Cycle-to-Date |
|---|-------------------------|------------------------------------|
| 6. Net Contributions (other than loans) | | |
| (a) Total Contributions (other than loans) (from Line 11(e)).... | 52034.73 | 164498.46 |
| (b) Total Contribution Refunds (from Line 20(d)) | 0 | 0 |
| (c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))..... | 52034.73 | 164498.46 |
| 7. Net Operating Expenditures | | |
| (a) Total Operating Expenditures (from Line 17) | 48807.58 | 111867.45 |
| (b) Total Offsets to Operating Expenditures (from Line 14)..... | 0 | 4000 |
| (c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))..... | 48807.58 | 107867.45 |
| 8. Cash on Hand at Close of Reporting Period (from Line 27)..... | 42602.17 | |
| 9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)..... | 0 | |
| 10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)..... | 89263.62 | |

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

Paul Chabot Congress

Report Covering the Period: From: / / To: / /

| I. RECEIPTS | COLUMN A Total This Period | COLUMN B Election Cycle-to-Date |
|--|-------------------------------|------------------------------------|
| 11. CONTRIBUTIONS (other than loans) FROM: | | |
| (a) Individuals/Persons Other Than Political Committees | | |
| (i) Itemized (use Schedule A)..... | 42714 | 109049 |
| (ii) Unitemized..... | 8946.95 | 33427.22 |
| (iii) TOTAL of contributions from individuals ▶ | 51660.95 | 142476.22 |
| (b) Political Party Committees..... | 0 | 0 |
| (c) Other Political Committees (such as PACs)..... | 373.78 | 21997.24 |
| (d) The Candidate..... | 0 | 25 |
| (e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d)).. | 52034.73 | 164498.46 |
| 12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES | 0 | 0 |
| 13. LOANS: | | |
| (a) Made or Guaranteed by the Candidate..... | 0 | 0 |
| (b) All Other Loans..... | 0 | 0 |
| (c) TOTAL LOANS (add Lines 13(a) and (b))..... | 0 | 0 |
| 14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) | 0 | 4000 |
| 15. OTHER RECEIPTS (Dividends, Interest, etc.)..... | 0 | 0 |
| 16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶ | 52034.73 | 168498.46 |

DETAILED SUMMARY PAGE
of Disbursements

| II. DISBURSEMENTS | COLUMN A Total This Period | COLUMN B Election Cycle-to-Date |
|--|-------------------------------|------------------------------------|
| 17. OPERATING EXPENDITURES..... | 48807.58 | 111867.45 |
| 18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES | 0 | 0 |
| 19. LOAN REPAYMENTS: | | |
| (a) Of Loans Made or Guaranteed by the Candidate..... | 0 | 45000 |
| (b) Of All Other Loans | 0 | 0 |
| (c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b))..... | 0 | 45000 |
| 20. REFUNDS OF CONTRIBUTIONS TO: | | |
| (a) Individuals/Persons Other Than Political Committees | 0 | 0 |
| (b) Political Party Committees..... | 0 | 0 |
| (c) Other Political Committees (such as PACs)..... | 0 | 0 |
| (d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c))..... | 0 | 0 |
| 21. OTHER DISBURSEMENTS | 89 | 1539 |
| 22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ► | 48896.58 | 158406.45 |

III. CASH SUMMARY

| | |
|---|----------|
| 23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD..... | 39464.02 |
| 24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3)..... | 52034.73 |
| 25. SUBTOTAL (add Line 23 and Line 24)..... | 91498.75 |
| 26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)..... | 48896.58 |
| 27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)..... | 42602.17 |

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: F3N

Transaction ID :

Employer and occupation information is requested under the standards outlines in the FEC manual.

Form/Schedule:

Transaction ID:

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

| | | |
|---|--|--------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 6 OF 73 |
| | <input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 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)
Paul Chabot Congress

A. Full Name (Last, First, Middle Initial)
Robert Porter

Mailing Address 2439 Fremontia Drive

City San Bernardino State CA Zip Code 92404-3938

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

Name of Employer Self Employed Occupation Consultant

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **2500**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
08 / 08 / 2015

Transaction ID : A-IF2839

Amount of Each Receipt this Period
1250

Inkind: Photography

B. Full Name (Last, First, Middle Initial)
Jerri Potras

Mailing Address 1055 E Eckerman Avenue

City West Covina State CA Zip Code 91790-1742

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

Name of Employer Retired Occupation Retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **300**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 28 / 2015

Transaction ID : A-CF2776

Amount of Each Receipt this Period
100

C. Full Name (Last, First, Middle Initial)
Barton H Kogan

Mailing Address 10490 Wilshire Boulevard Apt. 701

City Los Angeles State CA Zip Code 90024-4657

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

Name of Employer Brand Foundation of New York Occupation President

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **500**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
08 / 26 / 2015

Transaction ID : A-CF2577

Amount of Each Receipt this Period
500

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

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

1850.00

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

| | | |
|---|---|--------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 7 OF 73 |
| | <input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15 | |

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NAME OF COMMITTEE (In Full)
Paul Chabot Congress

A. Full Name (Last, First, Middle Initial)
Howard Groff

Mailing Address 9832 Calvin Avenue

City Northridge State CA Zip Code 91324

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

Name of Employer Northwest Excavating, Inc. Occupation Contractor

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **2700**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 10 / 2015

Transaction ID : A-CF2561

Amount of Each Receipt this Period
2700

B. Full Name (Last, First, Middle Initial)
Elaine Fiveland

Mailing Address 27468 Prominence Road

City Sun City State CA Zip Code 92586

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

Name of Employer SCPMG - Kaiser Occupation Medical Transcriptionist

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **255**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 05 / 2015

Transaction ID : A-CF2739

Amount of Each Receipt this Period
35

C. Full Name (Last, First, Middle Initial)
Mel Hodell

Mailing Address 1388 N Euclid Avenue

City Upland State CA Zip Code 91786-3206

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

Name of Employer N/A Occupation Retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **600**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 22 / 2015

Transaction ID : A-CF2641

Amount of Each Receipt this Period
100

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

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

2835.00

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

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

FOR LINE NUMBER: PAGE 8 OF 73
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Paul Chabot Congress

A. Full Name (Last, First, Middle Initial)
Charles L Wilburn

Mailing Address 608 Valley View Drive

City State Zip Code
Redlands CA 92373-7358

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

Name of Employer Occupation
Shakey's Pizza of Redlands Owner

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500

Date of Receipt
 M M / D D / Y Y Y Y Y Y
07 / 01 / 2015

Transaction ID : A-CF2399

Amount of Each Receipt this Period
500

B. Full Name (Last, First, Middle Initial)
Abe Tekin

Mailing Address 11400 4th Street
Suite 103

City State Zip Code
Rancho Cucamonga CA 91730-9018

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

Name of Employer Occupation
Ozel Jewelers Owner

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 30 / 2015

Transaction ID : A-IF2837

Amount of Each Receipt this Period
500

Inkind: Reception Costs

C. Full Name (Last, First, Middle Initial)
John G Egan

Mailing Address 645 Fairway Drive

City State Zip Code
Redlands CA 92373-7359

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

Name of Employer Occupation
ERSC Engineer

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
350

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 29 / 2015

Transaction ID : A-CF2688

Amount of Each Receipt this Period
200

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

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

1200.00

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

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

FOR LINE NUMBER: PAGE 9 OF 73
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Paul Chabot Congress

A. Full Name (Last, First, Middle Initial)
John Van Winkle

Mailing Address 1413 1/2 W Kenneth Road
232

City State Zip Code
Glendale CA 91201-1478

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

Name of Employer Occupation
Thomas Partners Strategies Strategist

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1750

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2015

Transaction ID : A-IF2831

Amount of Each Receipt this Period
1750

Inkind: Strategic Consulting

B. Full Name (Last, First, Middle Initial)
Sheila Tekin

Mailing Address 11400 4th Street
Suite 103

City State Zip Code
Rancho Cucamonga CA 91730-9018

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

Name of Employer Occupation
Ozel Jewelers Owner

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2015

Transaction ID : A-IF2835

Amount of Each Receipt this Period
500

Inkind: Reception Costs

C. Full Name (Last, First, Middle Initial)
Arleen D Gray

Mailing Address 11627 Lark Court

City State Zip Code
Fontana CA 92337-1067

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

Name of Employer Occupation
L. A. Co. Sheriff's Dept. Deputy Sheriff

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
450

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 28 / 2015

Transaction ID : A-CF2648

Amount of Each Receipt this Period
50

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

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

2300.00

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

| | | |
|---|--|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 10 OF 73 |
| | <input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
Paul Chabot Congress

A. Full Name (Last, First, Middle Initial)
Helene V Galen

Mailing Address 37791 Halper Lake Drive

City Rancho Mirage State CA Zip Code 92270-2571

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

Name of Employer Retired Occupation Retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **1500**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
08 / 20 / 2015

Transaction ID : A-CF2575

Amount of Each Receipt this Period
1500

B. Full Name (Last, First, Middle Initial)
James S Nolin

Mailing Address 384 Los Robles Crescent

City Redlands State CA Zip Code 92373-6866

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

Name of Employer Worthy Thing LLC Occupation Sales

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **375**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 25 / 2015

Transaction ID : A-CF2654

Amount of Each Receipt this Period
250

C. Full Name (Last, First, Middle Initial)
Jason Gaudy

Mailing Address 267 D Street

City Upland State CA Zip Code 91786

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

Name of Employer Gaudy Law Inc. Occupation Attorney

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **3700**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 19 / 2015

Transaction ID : A-CF2721

Amount of Each Receipt this Period
1700

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

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

3450.00

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

| | | |
|---|---|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 11 OF 73 |
| | <input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15 | |

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NAME OF COMMITTEE (In Full)
Paul Chabot Congress

A. Full Name (Last, First, Middle Initial)
Linda S Robinson

Mailing Address PO Box 1416

City West Covina State CA Zip Code 91793-1416

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

Name of Employer JG Business Management, Inc Occupation Bookkeeper

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **325**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
08 / 28 / 2015

Transaction ID : A-CF2625

Amount of Each Receipt this Period
100

B. Full Name (Last, First, Middle Initial)
Tom Blackshear

Mailing Address PO Box 71

City Yucaipa State CA Zip Code 92399-0071

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

Name of Employer Self Employed Occupation Painter

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **1500**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 30 / 2015

Transaction ID : A-IF2827

Amount of Each Receipt this Period
1500

Inkind: Community Engagement

C. Full Name (Last, First, Middle Initial)
Simon Rubinstein

Mailing Address 2595 Wallingford Drive

City Beverly Hills State CA Zip Code 90210-1074

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

Name of Employer NA Occupation NA

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **250**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
08 / 17 / 2015

Transaction ID : A-CF2617

Amount of Each Receipt this Period
250

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

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

1850.00

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

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

FOR LINE NUMBER: PAGE 12 OF 73
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Paul Chabot Congress

A. Full Name (Last, First, Middle Initial)
Maynard Brittan

Mailing Address Box 1345

City State Zip Code
Beverly Hills CA 90213

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

Name of Employer Occupation
Roxbury Management Co Property Manager

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
300

Date of Receipt
 M M / D D / Y Y Y Y Y Y
07 / 27 / 2015

Transaction ID : A-CF2540

Amount of Each Receipt this Period
300

B. Full Name (Last, First, Middle Initial)
Amanda Hamilton

Mailing Address 70 I Street SE
Apt. 915

City State Zip Code
Washington DC 20003-4831

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

Name of Employer Occupation
Self Employed Consultant

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2000

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 30 / 2015

Transaction ID : A-IF2846

Amount of Each Receipt this Period
1000

Inkind: Campaign Consulting

C. Full Name (Last, First, Middle Initial)
Arleen D Gray

Mailing Address 11627 Lark Court

City State Zip Code
Fontana CA 92337-1067

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

Name of Employer Occupation
L. A. Co. Sheriff's Dept. Deputy Sheriff

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
450

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 25 / 2015

Transaction ID : A-CF2656

Amount of Each Receipt this Period
100

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

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

1400.00

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

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

FOR LINE NUMBER: PAGE 13 OF 73
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Paul Chabot Congress

A. Full Name (Last, First, Middle Initial)
Anthony Garcia

Mailing Address 30885 Illinois Street

City State Zip Code
Lake Elsinore CA 92530-4968

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

Name of Employer Occupation
Self Employed Consultant

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2700

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 30 / 2015

Transaction ID : A-IF2847

Amount of Each Receipt this Period
200

Inkind: Event Coordination

B. Full Name (Last, First, Middle Initial)
Elaine Fiveland

Mailing Address 27468 Prominence Road

City State Zip Code
Sun City CA 92586

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

Name of Employer Occupation
SCPMG - Kaiser Medical Transcriptionist

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
255

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 14 / 2015

Transaction ID : A-CF2774

Amount of Each Receipt this Period
20

C. Full Name (Last, First, Middle Initial)
Kenneth Hunter

Mailing Address 20 Dearborn Circle

City State Zip Code
Redlands CA 92374-5534

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

Name of Employer Occupation
Re/Max Advantage Realtor

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1125

Date of Receipt
 M M / D D / Y Y Y Y Y Y
07 / 01 / 2015

Transaction ID : A-CF2398

Amount of Each Receipt this Period
125

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

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

345.00

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

| | | |
|---|---|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 14 OF 73 |
| | <input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15 | |

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NAME OF COMMITTEE (In Full)
Paul Chabot Congress

A. Full Name (Last, First, Middle Initial)
Jerry Friedman

Mailing Address 807 N Elm Drive

City Beverly Hills State CA Zip Code 90210-3424

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

Name of Employer Self Employed Occupation Real Estate Agent

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **500**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 17 / 2015

Transaction ID : A-CF2571

Amount of Each Receipt this Period
500

B. Full Name (Last, First, Middle Initial)
Joe Miller

Mailing Address 103 Ferndale Court

City Redlands State CA Zip Code 92374-4283

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

Name of Employer RE/MAX Advantage and RE/MAX Lakeside Occupation Real Estate Broker/investor

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **650**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 21 / 2015

Transaction ID : A-CF2743

Amount of Each Receipt this Period
650

C. Full Name (Last, First, Middle Initial)
Andrew Rosas

Mailing Address 8167 Vineyard Avenue Apt. 107

City Rancho Cucamonga State CA Zip Code 91730-3391

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

Name of Employer Rosas Consulting Occupation Owner

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **2500**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2015

Transaction ID : A-IF2845

Amount of Each Receipt this Period
500

Inkind: Social Media Consulting

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

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

1650.00

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

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

FOR LINE NUMBER: PAGE 15 OF 73
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Paul Chabot Congress

A. Full Name (Last, First, Middle Initial)
Thomas Bell

Mailing Address 800 Alabama Street

City State Zip Code
Redlands CA 92374

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

Name of Employer Occupation
Tom Bell Chevrolet Auto Dealer

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2000

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 22 / 2015

Transaction ID : A-CF2644

Amount of Each Receipt this Period
1000

B. Full Name (Last, First, Middle Initial)
Mark Edwards

Mailing Address 535 W State Street
Suite G

City State Zip Code
Redlands CA 92373-4662

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

Name of Employer Occupation
Patricia Hicks and Associate Real Estate Broker

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 30 / 2015

Transaction ID : A-IF2833

Amount of Each Receipt this Period
500

Inkind: Reception Costs

C. Full Name (Last, First, Middle Initial)
Zach Rosas

Mailing Address 8167 Vineyard Avenue
Apt. 107

City State Zip Code
Rancho Cucamonga CA 91730-3391

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

Name of Employer Occupation
n/a Student

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 30 / 2015

Transaction ID : A-IF2836

Amount of Each Receipt this Period
1000

Inkind: Event Coordination and Outreach

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

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

2500.00

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

| | | |
|---|--|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 16 OF 73 |
| | <input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
Paul Chabot Congress

A. Full Name (Last, First, Middle Initial)
Jerri Potras

Mailing Address 1055 E Eckerman Avenue

City State Zip Code
West Covina CA 91790-1742

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

Name of Employer Occupation
Retired Retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
300

Date of Receipt
 M M / D D / Y Y Y Y Y Y
08 / 18 / 2015

Transaction ID : A-CF2619

Amount of Each Receipt this Period
100

B. Full Name (Last, First, Middle Initial)
Thomas J Basile

Mailing Address 26 Zachary Taylor Street

City State Zip Code
Stony Point NY 10980-3692

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

Name of Employer Occupation
Empire Solutions Consulting President

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2000

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 30 / 2015

Transaction ID : A-IF2826

Amount of Each Receipt this Period
2000

Inkind: Strategic Consulting

C. Full Name (Last, First, Middle Initial)
Wendy A Romeo

Mailing Address 9333 Lemon Avenue

City State Zip Code
Rancho Cucamonga CA 91701-4135

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

Name of Employer Occupation
Self Employed Consultant

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1625

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 28 / 2015

Transaction ID : A-CF2777

Amount of Each Receipt this Period
25

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

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

2125.00

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

| | | |
|---|---|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 17 OF 73 |
| | <input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15 | |

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NAME OF COMMITTEE (In Full)
Paul Chabot Congress

A. Full Name (Last, First, Middle Initial)
Kenneth Hunter

Mailing Address 20 Dearborn Circle

City Redlands State CA Zip Code 92374-5534

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

Name of Employer Re/Max Advantage Occupation Realtor

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **1125**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
08 / 08 / 2015

Transaction ID : A-IF2838

Amount of Each Receipt this Period
500

Inkind: Graphic Design and T-Shirts

B. Full Name (Last, First, Middle Initial)
Arleen D Gray

Mailing Address 11627 Lark Court

City Fontana State CA Zip Code 92337-1067

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

Name of Employer L. A. Co. Sheriff's Dept. Occupation Deputy Sheriff

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **450**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
07 / 29 / 2015

Transaction ID : A-CF2550

Amount of Each Receipt this Period
100

C. Full Name (Last, First, Middle Initial)
Roger Freberg

Mailing Address 1384 Sonrisa Court

City San Luis Obispo State CA Zip Code 93405-4809

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

Name of Employer Retired Occupation Retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **250**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 29 / 2015

Transaction ID : A-CF2749

Amount of Each Receipt this Period
250

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

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

850.00

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

| | | |
|---|---|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 18 OF 73 |
| | <input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15 | |

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NAME OF COMMITTEE (In Full)
Paul Chabot Congress

A. Full Name (Last, First, Middle Initial)
Marc Troast

Mailing Address 5887 Via Las Nubes

City Riverside State CA Zip Code 92506

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

Name of Employer Capital Campaigns Occupation Consultant

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **2525**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 30 / 2015

Transaction ID : A-IF2844

Amount of Each Receipt this Period
500

Inkind: Fundraising Consulting

B. Full Name (Last, First, Middle Initial)
Thomas M. Brickley

Mailing Address 957 Reece Street

City San Bernardino State CA Zip Code 92411-2356

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

Name of Employer Brickley Environmental Occupation President

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **500**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 25 / 2015

Transaction ID : A-CF2670

Amount of Each Receipt this Period
250

C. Full Name (Last, First, Middle Initial)
Patricia L Gilbreath

Mailing Address 351 Campbell Avenue

City Redlands State CA Zip Code 92373-6800

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

Name of Employer Self Employed Occupation CPA

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **1000**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
07 / 01 / 2015

Transaction ID : A-IF2840

Amount of Each Receipt this Period
1000

Inkind: Event Costs

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

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

1750.00

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

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

FOR LINE NUMBER: PAGE 19 OF 73
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Paul Chabot Congress

A. Full Name (Last, First, Middle Initial)
Charline S Ketcherside

Mailing Address 911 Cajon Street

City State Zip Code
Redlands CA 92373-6713

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

Name of Employer Occupation
Retired Retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
300

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 30 2015

Transaction ID : A-CF2820

Amount of Each Receipt this Period
100

B. Full Name (Last, First, Middle Initial)
Kenneth Hunter

Mailing Address 20 Dearborn Circle

City State Zip Code
Redlands CA 92374-5534

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

Name of Employer Occupation
Re/Max Advantage Realtor

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1125

Date of Receipt
 M M / D D / Y Y Y Y Y Y
08 31 2015

Transaction ID : A-CF2595

Amount of Each Receipt this Period
100

C. Full Name (Last, First, Middle Initial)
Sally E Fairchild

Mailing Address 36 Cabrillo Street

City State Zip Code
Newport Beach CA 92663-4446

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

Name of Employer Occupation
Retired Retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 29 2015

Transaction ID : A-CF2778

Amount of Each Receipt this Period
500

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

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

700.00

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

| | | |
|---|---|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 20 OF 73 |
| | <input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15 | |

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NAME OF COMMITTEE (In Full)
Paul Chabot Congress

A. Full Name (Last, First, Middle Initial)
Kenneth Hunter

Mailing Address 20 Dearborn Circle

City State Zip Code
Redlands CA 92374-5534

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

Name of Employer Re/Max Advantage Occupation Realtor

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **1125**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
07 31 2015

Transaction ID : A-IF2544

Amount of Each Receipt this Period
250

Inkind: Campaign T-Shirts

B. Full Name (Last, First, Middle Initial)
Dale R Broome M.D.

Mailing Address 503 E Mariposa Drive

City State Zip Code
Redlands CA 92373-7351

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

Name of Employer Beaver Medical Group, LP Occupation Physician

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **3600**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 25 2015

Transaction ID : A-CF2652

Amount of Each Receipt this Period
500

C. Full Name (Last, First, Middle Initial)
Kyle Cummings

Mailing Address 330 Alabama Street

City State Zip Code
Redlands CA 92373-8096

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

Name of Employer Fox Dance Studio Occupation Owner

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **500**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 30 2015

Transaction ID : A-IF2828

Amount of Each Receipt this Period
500

Inkind: Bumper Stickers

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

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

1250.00

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

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

FOR LINE NUMBER: PAGE 21 OF 73
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Paul Chabot Congress

A. Full Name (Last, First, Middle Initial)
Robin Hvidston

Mailing Address 1070 Nicholas St

City Uplande State CA Zip Code 91784

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

Name of Employer Retired Occupation Retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **220**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 30 / 2015

Transaction ID : A-CF2853

Amount of Each Receipt this Period
20

B. Full Name (Last, First, Middle Initial)
Margaret Brummett

Mailing Address 1357 Prospect Drive

City Redlands State CA Zip Code 92373

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

Name of Employer Retired Occupation Retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **285**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 28 / 2015

Transaction ID : A-CF2663

Amount of Each Receipt this Period
75

C. Full Name (Last, First, Middle Initial)
Erich Kern

Mailing Address 24774 Shoshone Drive

City Murrieta State CA Zip Code 92562-5880

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

Name of Employer Retired Occupation Retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **250**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
08 / 12 / 2015

Transaction ID : A-CF2615

Amount of Each Receipt this Period
250

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

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

345.00

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

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

FOR LINE NUMBER: PAGE 22 OF 73
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Paul Chabot Congress

A. Full Name (Last, First, Middle Initial)
Fred H Dill

Mailing Address 411 Brookside Avenue

City State Zip Code
Redlands CA 92373-4609

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

Name of Employer Occupation
Self Employed Commercial Landlord

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 01 / 2015

Transaction ID : A-CF2395

Amount of Each Receipt this Period
500

B. Full Name (Last, First, Middle Initial)
Rick Seeberger

Mailing Address 6767 Gato Road

City State Zip Code
El Paso TX 79932-3209

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

Name of Employer Occupation
Build A Strong Future Executive Coach and Consultant

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 01 / 2015

Transaction ID : A-CF2581

Amount of Each Receipt this Period
250

C. Full Name (Last, First, Middle Initial)
David L Mayo

Mailing Address 10808 Foothill Boulevard
Suite 160

City State Zip Code
Rancho Cucamonga CA 91730-0601

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

Name of Employer Occupation
Self Employed Insurance Sales

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
350

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 07 / 2015

Transaction ID : A-CF2568

Amount of Each Receipt this Period
250

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

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

1000.00

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

| | | |
|---|--|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 23 OF 73 |
| | <input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
Paul Chabot Congress

A. Full Name (Last, First, Middle Initial)
Charles J Hyman MD

Mailing Address 1450 Smiley Heights Drive

City Redlands State CA Zip Code 92373-6529

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

Name of Employer Self Employed Occupation Pediatric Physician

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **250**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 25 / 2015

Transaction ID : A-CF2666

Amount of Each Receipt this Period
250

B. Full Name (Last, First, Middle Initial)
Robin Haynal

Mailing Address PO Box 919

City Yucaipa State CA Zip Code 92399-0919

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

Name of Employer Self Employed Occupation Consultant

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **1500**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2015

Transaction ID : A-IF2830

Amount of Each Receipt this Period
1500

Inkind: Media

C. Full Name (Last, First, Middle Initial)
Julie Biggs

Mailing Address PO Box 9632

City Redlands State CA Zip Code 92375

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

Name of Employer Aleshire & Wynder, LLP Occupation Attorney

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **500**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 25 / 2015

Transaction ID : A-CF2659

Amount of Each Receipt this Period
250

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

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

2000.00

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

| | | |
|---|---|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 24 OF 73 |
| | <input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15 | |

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NAME OF COMMITTEE (In Full)
Paul Chabot Congress

A. Full Name (Last, First, Middle Initial)
Linda S Robinson

Mailing Address **PO Box 1416**

City **West Covina** State **CA** Zip Code **91793-1416**

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

Name of Employer **JG Business Management, Inc** Occupation **Bookkeeper**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **325**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 25 / 2015

Transaction ID : A-CF2730

Amount of Each Receipt this Period
25

B. Full Name (Last, First, Middle Initial)
Dale R Broome M.D.

Mailing Address **503 E Mariposa Drive**

City **Redlands** State **CA** Zip Code **92373-7351**

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

Name of Employer **Beaver Medical Group, LP** Occupation **Physician**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **3600**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
07 / 01 / 2015

Transaction ID : A-CF2397

Amount of Each Receipt this Period
500

C. Full Name (Last, First, Middle Initial)
Clifford R Cummings

Mailing Address **3377 Valencia Avenue**

City **San Bernardino** State **CA** Zip Code **92404-2419**

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

Name of Employer **Toyota of San Bernardino** Occupation **Auto Dealer**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **1500**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
08 / 27 / 2015

Transaction ID : A-IF2842

Amount of Each Receipt this Period
500

Inkind: Event Costs

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

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

1025.00

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

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

FOR LINE NUMBER: PAGE 25 OF 73
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Paul Chabot Congress

A. Full Name (Last, First, Middle Initial)
Kent B Hickman

Mailing Address 152 Lizzie Mills Road

City Castleton State VA Zip Code 22716-2904

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

Name of Employer Retired Occupation Retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **350**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 29 / 2015

Transaction ID : A-CF2748

Amount of Each Receipt this Period
 100

B. Full Name (Last, First, Middle Initial)
Theodore W Dutton

Mailing Address 5053 Gateway Road

City Rancho Cucamonga State CA Zip Code 91701-1405

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

Name of Employer BCM Group, Inc Occupation VP-Construction Management

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **350**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2015

Transaction ID : A-CF2691

Amount of Each Receipt this Period
 100

C. Full Name (Last, First, Middle Initial)
Judith Eber

Mailing Address 1930 Purdue Avenue Apt. 1

City Los Angeles State CA Zip Code 90025-7015

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

Name of Employer Retired Occupation Retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **250**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 27 / 2015

Transaction ID : A-CF2541

Amount of Each Receipt this Period
 250

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

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

450.00

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

| | | |
|---|--|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 26 OF 73 |
| | <input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
Paul Chabot Congress

A. Full Name (Last, First, Middle Initial)
Russell K Dill

Mailing Address 101 Westwood Lane

City State Zip Code
Redlands CA 92373-7162

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

Name of Employer Occupation
Retired Retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
600

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 01 / 2015

Transaction ID : A-CF2396

Amount of Each Receipt this Period
500

B. Full Name (Last, First, Middle Initial)
Leslie Granow

Mailing Address 865 17th Street

City State Zip Code
Manhattan Beach CA 90266

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

Name of Employer Occupation
West Dermatology CFO

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 10 / 2015

Transaction ID : A-CF2560

Amount of Each Receipt this Period
250

C. Full Name (Last, First, Middle Initial)
Terry Klenske

Mailing Address 31449 3rd Avenue

City State Zip Code
Redlands CA 92374-8239

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

Name of Employer Occupation
Dalton Trucking Inc. Trucker

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 25 / 2015

Transaction ID : A-CF2667

Amount of Each Receipt this Period
250

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

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

1000.00

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

| | | |
|---|--|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 27 OF 73 |
| | <input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
Paul Chabot Congress

A. Full Name (Last, First, Middle Initial)
Bobbi Cummings

Mailing Address 765 Showcase Drive N

City San Bernardino State CA Zip Code 92408-2729

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

Name of Employer Toyota of San Bernardino Occupation Owner

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **500**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
08 / 27 / 2015

Transaction ID : A-IF2843

Amount of Each Receipt this Period
500

Inkind: Event Costs

B. Full Name (Last, First, Middle Initial)
Mina Holmes

Mailing Address 534 Juniper Street

City La Verne State CA Zip Code 91750-5721

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

Name of Employer Self-employed Occupation Lawyer

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **500**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
07 / 01 / 2015

Transaction ID : A-CF2579

Amount of Each Receipt this Period
500

C. Full Name (Last, First, Middle Initial)
Adam Probolsky

Mailing Address 3990 Westerly Place #185

City Newport Beach State CA Zip Code 92660

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

Name of Employer Probolsky Research Occupation Consultant

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **349**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 24 / 2015

Transaction ID : A-CF2766

Amount of Each Receipt this Period
99

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

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

1099.00

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

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

FOR LINE NUMBER: PAGE 28 OF 73
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Paul Chabot Congress

A. Full Name (Last, First, Middle Initial)
Patricia Hicks

Mailing Address 535 W State Street
Suite G

City State Zip Code
Redlands CA 92373-4662

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

Name of Employer Occupation
Patricia Hicks & Assoc Real Estate Broker

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
600

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 30 / 2015

Transaction ID : A-IF2834

Amount of Each Receipt this Period
500

Inkind: Reception Costs

B. Full Name (Last, First, Middle Initial)
Alexandra Datig

Mailing Address 4804 Laurel Canyon Boulevard
1001

City State Zip Code
Studio City CA 91607-3717

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

Name of Employer Occupation
HighRoad L.A. Consultant

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500

Date of Receipt
 M M / D D / Y Y Y Y Y Y
08 / 21 / 2015

Transaction ID : A-CF2623

Amount of Each Receipt this Period
500

C. Full Name (Last, First, Middle Initial)
Avrille Krom

Mailing Address 718 N Elm Drive

City State Zip Code
Beverly Hills CA 90210-3423

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

Name of Employer Occupation
n/a Retire

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
750

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 30 / 2015

Transaction ID : A-IF2832

Amount of Each Receipt this Period
750

Inkind: Reception Costs

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

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

1750.00

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

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

FOR LINE NUMBER: PAGE 29 OF 73
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Paul Chabot Congress

A. Full Name (Last, First, Middle Initial)
Jason Gaudy

Mailing Address 267 D Street

City Upland State CA Zip Code 91786

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

Name of Employer Gaudy Law Inc. Occupation Attorney

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **3700**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 19 / 2015

Transaction ID : A-CF2867

Amount of Each Receipt this Period
 1000

B. Full Name (Last, First, Middle Initial)
Sergio Calderon

Mailing Address 1916 Country Club Lane

City Redlands State CA Zip Code 92373

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

Name of Employer Self Employed Occupation Options Trader

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **1000**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 23 / 2015

Transaction ID : A-CF2793

Amount of Each Receipt this Period
 250

C. Full Name (Last, First, Middle Initial)
Susan Groff

Mailing Address 9832 Calvin Avenue

City Northridge State CA Zip Code 91324

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

Name of Employer Northwest Excavating Co Occupation Contractors

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **2700**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 10 / 2015

Transaction ID : A-CF2559

Amount of Each Receipt this Period
 2700

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

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

3950.00

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

| | | |
|---|---|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 30 OF 73 |
| | <input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15 | |

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NAME OF COMMITTEE (In Full)
Paul Chabot Congress

A. Full Name (Last, First, Middle Initial)
Linda Morrow

Mailing Address 69780 Stellar Drive

City Rancho Mirage State CA Zip Code 92270-2954

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

Name of Employer The Morrow Institute Occupation Director

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **950**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
08 / 31 / 2015

Transaction ID : A-IF2599

Amount of Each Receipt this Period
950

Inkind: Fundraiser Catering

B. Full Name (Last, First, Middle Initial)
Dennis Buck

Mailing Address 4520 W Louisville Street

City Broken Arrow State OK Zip Code 74012-8868

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

Name of Employer Self Employed Occupation Physician

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **250**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
07 / 02 / 2015

Transaction ID : A-CF2584

Amount of Each Receipt this Period
250

C. Full Name (Last, First, Middle Initial)
Lawrence Lugash

Mailing Address 528 14th Street

City Santa Monica State CA Zip Code 90402-2928

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

Name of Employer Best Efforts Made Occupation Best Efforts Made

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **500**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
07 / 27 / 2015

Transaction ID : A-CF2542

Amount of Each Receipt this Period
500

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

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

1700.00

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

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

FOR LINE NUMBER: PAGE 31 OF 73
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Paul Chabot Congress

A. Full Name (Last, First, Middle Initial)
Linda S Robinson

Mailing Address **PO Box 1416**

City **West Covina** State **CA** Zip Code **91793-1416**

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

Name of Employer **JG Business Management, Inc** Occupation **Bookkeeper**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **325**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 16 / 2015

Transaction ID : A-CF2642

Amount of Each Receipt this Period
100

B. Full Name (Last, First, Middle Initial)
Ewelina Nowakowska

Mailing Address **5206 Sentinel Ridge**

City **Eagleville** State **PA** Zip Code **19403-5275**

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

Name of Employer **Self Employed** Occupation **Web Designer**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **2500**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
08 / 01 / 2015

Transaction ID : A-IF2841

Amount of Each Receipt this Period
500

Inkind: **Website Updates and Maintenance**

C. Full Name (Last, First, Middle Initial)
Robert Berliner

Mailing Address **430 Castle Place**

City **Beverly Hills** State **CA** Zip Code **90210-1858**

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

Name of Employer **Westmount Asset Management LLC** Occupation **Investment Adviser**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **500**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
07 / 20 / 2015

Transaction ID : A-CF2588

Amount of Each Receipt this Period
500

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

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

1100.00

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

| | | |
|---|--|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 32 OF 73 |
| | <input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
Paul Chabot Congress

A. Full Name (Last, First, Middle Initial)
Joseph Arias

Mailing Address 307 Edgemont Drive

City State Zip Code
Redlands CA 92373

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

Name of Employer Occupation
Arias and Lockwood Lawyer

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 15 2015

Transaction ID : A-CF2628

Amount of Each Receipt this Period
250

B. Full Name (Last, First, Middle Initial)
Robert D Dutton

Mailing Address 4959 Palomino Place

City State Zip Code
Rancho Cucamonga CA 91737-2407

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

Name of Employer Occupation
City of San Bernardino Assessor/Recorder

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
990

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 30 2015

Transaction ID : A-CF2849

Amount of Each Receipt this Period
990

C. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

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

1240.00

42714.00

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

| | | |
|---|--|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 33 OF 73 |
| | <input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
Paul Chabot Congress

A. Full Name (Last, First, Middle Initial)
NFIB Safe Trust

Mailing Address 1201 F Street NW
Suite 200

City Washington State DC Zip Code 20004-1221

FEC ID number of contributing federal political committee. **C** C00101105

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
373.78

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 16 / 2015

Transaction ID : A-IF2862

Amount of Each Receipt this Period
373.78

Inkind: Luncheon Event Costs

B. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

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

373.78

373.78

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

| | | | | | |
|---|--|---|--|---|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 34 OF 73 | | | |
| | <input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a | <input type="checkbox"/> 18 <input type="checkbox"/> 20b | <input type="checkbox"/> 19a <input type="checkbox"/> 20c | <input type="checkbox"/> 19b <input type="checkbox"/> 21 | |

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NAME OF COMMITTEE (In Full)
Paul Chabot Congress

A. eFundraising Connections

Full Name (Last, First, Middle Initial)
Mailing Address 2131 Capitol Avenue Suite 306

City Sacramento State CA Zip Code 95816-5755

Purpose of Disbursement Credit Card Processing Fees

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify)

State: District:

Date of Disbursement: 07 / 07 / 2015

Amount of Each Disbursement this Period: 0.96

Transaction ID : B-E-2536

Category/Type: 001

B. Cardmember Service

Full Name (Last, First, Middle Initial)
Mailing Address PO Box 94014

City Palatine State IL Zip Code 60094-4014

Purpose of Disbursement Credit Card Payment:See Memos

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify)

State: District:

Date of Disbursement: 07 / 03 / 2015

Amount of Each Disbursement this Period: 2260.43

Transaction ID : B-E-2447

Original vendors exceeding reporting threshold itemized as memo transactions.

Category/Type: 001

C. Enterprise Rent-A-Car

Full Name (Last, First, Middle Initial)
Mailing Address 9849 Foothill Boulevard Suite F

City Rancho Cucamonga State CA Zip Code 91730-3681

Purpose of Disbursement Car Rental

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify)

State: District:

Date of Disbursement: 07 / 03 / 2015

Amount of Each Disbursement this Period: 615.59

Transaction ID : B-S-471

[MEMO ITEM]
Subitemization of Cardmember Service(07/03/15)

Category/Type: 001

SUBTOTAL of Disbursements This Page (optional)..... 2261.39

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

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

| | | | | |
|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 35 OF 73 | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 |

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NAME OF COMMITTEE (In Full)
Paul Chabot Congress

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) A. Amazon | | Date of Disbursement MM / DD / YYYY 07 / 03 / 2015 |
| Mailing Address 1200 12th Avenue S Suite 1200 | | Amount of Each Disbursement this Period \$ 59.5 |
| City Seattle | State WA | |
| Zip Code 98144-2734 | Purpose of Disbursement Office Supplies | Transaction ID : B-S-476 |
| Candidate Name | 001 Category/ Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | [MEMO ITEM] Subitemization of Cardmember Service(07/03/15) |
| State: District: | | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) B. T-Mobile | | Date of Disbursement MM / DD / YYYY 07 / 03 / 2015 |
| Mailing Address 12920 SE 38th Street | | Amount of Each Disbursement this Period \$ 69.2 |
| City Bellevue | State WA | |
| Zip Code 98006-1350 | Purpose of Disbursement Telephone Service | Transaction ID : B-S-474 |
| Candidate Name | 001 Category/ Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | [MEMO ITEM] Subitemization of Cardmember Service(07/03/15) |
| State: District: | | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) C. NFIB Safe Trust | | Date of Disbursement MM / DD / YYYY 07 / 03 / 2015 |
| Mailing Address 1201 F Street NW Suite 200 | | Amount of Each Disbursement this Period \$ 158 |
| City Washington | State DC | |
| Zip Code 20004-1221 | Purpose of Disbursement Membership | Transaction ID : B-S-475 |
| Candidate Name | 001 Category/ Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | [MEMO ITEM] Subitemization of Cardmember Service(07/03/15) |
| State: District: | | |

| | |
|---|---------|
| SUBTOTAL of Disbursements This Page (optional)..... | \$ 0.00 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | | | |
|---|---|---------------|--|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 36 OF 73 | | |
| | <input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21 | | | |

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NAME OF COMMITTEE (In Full)
Paul Chabot Congress

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) A. Navy Lodge | | Date of Disbursement M M / D D / Y Y Y Y 07 / 03 / 2015 |
| Mailing Address 8901 Rockville Pike # 52 | | Amount of Each Disbursement this Period 324 |
| City Bethesda | State MD | |
| Zip Code 20889-0001 | Purpose of Disbursement Lodging | [MEMO ITEM] Subitemization of Cardmember Service(07/03/15) |
| Candidate Name | Category/Type 002 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) B. Robin Haynal | | Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2015 |
| Mailing Address PO Box 919 | | Amount of Each Disbursement this Period 1500 |
| City Yucaipa | State CA | |
| Zip Code 92399-0919 | Purpose of Disbursement Inkind: Media | |
| Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) c. Capital Campaigns Inc. | | Date of Disbursement M M / D D / Y Y Y Y 07 / 13 / 2015 |
| Mailing Address 38 Executive Park Suite 390 | | Amount of Each Disbursement this Period 2615.32 |
| City Irvine | State CA | |
| Zip Code 92614-4730 | Purpose of Disbursement Fundraising Consulting and Supplies | |
| Candidate Name | Category/Type 001 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | |
|---|---------|
| SUBTOTAL of Disbursements This Page (optional)..... | 4115.32 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | | | |
|---|---|---------------|--|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 37 OF 73 | | |
| | <input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21 | | | |

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NAME OF COMMITTEE (In Full)
Paul Chabot Congress

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) A. Campaign Solutions dba Edonation.com | | Date of Disbursement M M / D D / Y Y Y Y 08 / 10 / 2015 |
| Mailing Address 117 N Saint Asaph Street | | Amount of Each Disbursement this Period 50 Transaction ID : B-E-2565 |
| City Alexandria | State VA | |
| Zip Code 22314-3109 | Purpose of Disbursement Website Hosting | Category/ Type 001 |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: | |

| | | |
|--|---|--|
| Full Name (Last, First, Middle Initial) B. Jordan Kittleson | | Date of Disbursement M M / D D / Y Y Y Y 08 / 10 / 2015 |
| Mailing Address 1257 Bonnie Glen Lane | | Amount of Each Disbursement this Period 500 Transaction ID : B-E-2563 |
| City San Dimas | State CA | |
| Zip Code 91773-1005 | Purpose of Disbursement Fundraising: Fundraising Consulting | Category/ Type 003 |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: | |

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) C. Political Media Inc. | | Date of Disbursement M M / D D / Y Y Y Y 08 / 04 / 2015 |
| Mailing Address 406 1st Street SE Suite 3 | | Amount of Each Disbursement this Period 1250 Transaction ID : B-E-2552 |
| City Washington | State DC | |
| Zip Code 20003-1856 | Purpose of Disbursement Media Consulting | Category/ Type 001 |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: | |

| | |
|--|---------------|
| SUBTOTAL of Disbursements This Page (optional) | 1800.00 |
| TOTAL This Period (last page this line number only) | |

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

| | | | | |
|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 38 OF 73 | | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 |

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NAME OF COMMITTEE (In Full)
Paul Chabot Congress

Full Name (Last, First, Middle Initial)
A. Complete Campaigns

Mailing Address 205 Pennsylvania Avenue SE

City Washington State DC Zip Code 20003-1164

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify)

State: District:

Date of Disbursement: 08 / 10 / 2015

Amount of Each Disbursement this Period: 3.75

Transaction ID : B-E-2574

Category/Type: 001

Full Name (Last, First, Middle Initial)
B. Complete Campaigns

Mailing Address 205 Pennsylvania Avenue SE

City Washington State DC Zip Code 20003-1164

Purpose of Disbursement
Administrative/Salary/Overhead: Software

Candidate Name

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify)

State: District:

Date of Disbursement: 08 / 27 / 2015

Amount of Each Disbursement this Period: 350

Transaction ID : B-E-2591

Category/Type: 001

Full Name (Last, First, Middle Initial)
c. American Silk Screen

Mailing Address 4253 N Sierra Way

City San Bernardino State CA Zip Code 92407-3820

Purpose of Disbursement
Campaign T-Shirts

Candidate Name

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify)

State: District:

Date of Disbursement: 08 / 04 / 2015

Amount of Each Disbursement this Period: 320.87

Transaction ID : B-E-2545

Category/Type: 001

SUBTOTAL of Disbursements This Page (optional)..... 674.62

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

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

| | | | | | |
|---|---|---------------|--|--|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 39 OF 73 | | | |
| | <input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21 | | | | |

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NAME OF COMMITTEE (In Full)
Paul Chabot Congress

A. Complete Campaigns

Full Name (Last, First, Middle Initial)
Mailing Address 205 Pennsylvania Avenue SE

City Washington State DC Zip Code 20003-1164

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify)

State: District:

Date of Disbursement: 08 / 05 / 2015

Amount of Each Disbursement this Period: 7

Transaction ID : B-E-2573

Category/Type: 001

B. eFundraising Connections

Full Name (Last, First, Middle Initial)
Mailing Address 2131 Capitol Avenue Suite 306

City Sacramento State CA Zip Code 95816-5755

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify)

State: District:

Date of Disbursement: 09 / 21 / 2015

Amount of Each Disbursement this Period: 16.75

Transaction ID : B-E-2646

Category/Type: 001

c. Marc Troast

Full Name (Last, First, Middle Initial)
Mailing Address 5887 Via Las Nubes

City Riverside State CA Zip Code 92506

Purpose of Disbursement
Inkind: Fundraising Consulting

Candidate Name

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify)

State: District:

Date of Disbursement: 09 / 30 / 2015

Amount of Each Disbursement this Period: 500

Transaction ID : B-I-2844

Category/Type:

SUBTOTAL of Disbursements This Page (optional) 523.75

TOTAL This Period (last page this line number only)

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

| | | | | |
|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 40 OF 73 | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 |

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NAME OF COMMITTEE (In Full)
Paul Chabot Congress

| | | |
|--|---|--|
| Full Name (Last, First, Middle Initial) A. Linda Taylor | | Date of Disbursement MM / DD / YYYY 08 / 04 / 2015 |
| Mailing Address 960 Kenwood Avenue | | Amount of Each Disbursement this Period 250 Transaction ID : B-E-2555 |
| City Turlock | State CA | |
| Zip Code 95380-3331 | Purpose of Disbursement Research Consulting | Category/ Type 001 |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: | |

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) B. eFundraising Connections | | Date of Disbursement MM / DD / YYYY 09 / 22 / 2015 |
| Mailing Address 2131 Capitol Avenue Suite 306 | | Amount of Each Disbursement this Period 3.75 Transaction ID : B-E-2677 |
| City Sacramento | State CA | |
| Zip Code 95816-5755 | Purpose of Disbursement Credit Card Processing Fees | Category/ Type 001 |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: | |

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) c. eFundraising Connections | | Date of Disbursement MM / DD / YYYY 08 / 28 / 2015 |
| Mailing Address 2131 Capitol Avenue Suite 306 | | Amount of Each Disbursement this Period 33 Transaction ID : B-E-2598 |
| City Sacramento | State CA | |
| Zip Code 95816-5755 | Purpose of Disbursement Credit Card Processing Fees | Category/ Type 001 |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: | |

| | |
|---|--------|
| SUBTOTAL of Disbursements This Page (optional)..... | 286.75 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | | | | |
|---|---|------------------------------------|-------------------------------------|------------------------------------|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 41 OF 73 | | | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 | |

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NAME OF COMMITTEE (In Full)
Paul Chabot Congress

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) A. eFundraising Connections | | Date of Disbursement M M / D D / Y Y Y Y 07 / 02 / 2015 |
| Mailing Address 2131 Capitol Avenue Suite 306 | | Amount of Each Disbursement this Period 20.71 Transaction ID : B-E-2431 |
| City Sacramento State CA Zip Code 95816-5755 | Purpose of Disbursement Credit Card Processing Fees 001 Category/Type | |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) B. eFundraising Connections | | Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2015 |
| Mailing Address 2131 Capitol Avenue Suite 306 | | Amount of Each Disbursement this Period 19.88 Transaction ID : B-E-2815 |
| City Sacramento State CA Zip Code 95816-5755 | Purpose of Disbursement Credit Card Processing Fees 001 Category/Type | |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) c. The KAL Group | | Date of Disbursement M M / D D / Y Y Y Y 07 / 14 / 2015 |
| Mailing Address 976 Pacific Avenue | | Amount of Each Disbursement this Period 834.85 Transaction ID : B-E-2538 |
| City Willows State CA Zip Code 95988-9788 | Purpose of Disbursement Bookkeeping 001 Category/Type | |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | |
|---|--------|
| SUBTOTAL of Disbursements This Page (optional)..... | 875.44 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | | | |
|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 42 OF 73 | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 |

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NAME OF COMMITTEE (In Full)
Paul Chabot Congress

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) A. Capital Campaigns Inc. | | Date of Disbursement M M / D D / Y Y Y Y 07 / 13 / 2015 |
| Mailing Address 38 Executive Park Suite 390 | | Amount of Each Disbursement this Period 2651.05 Transaction ID : B-E-2427 |
| City Irvine State CA Zip Code 92614-4730 | Purpose of Disbursement Fundraising Consulting and Supplies Candidate Name Category/Type 003 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: | |

| | | |
|--|---|--|
| Full Name (Last, First, Middle Initial) B. Berg Print and Mail | | Date of Disbursement M M / D D / Y Y Y Y 07 / 14 / 2015 |
| Mailing Address 522 Amigos Drive Suite A | | Amount of Each Disbursement this Period 1118.37 Transaction ID : B-E-2539 |
| City Redlands State CA Zip Code 92373-6259 | Purpose of Disbursement Fundraising: Invitation Printing Candidate Name Category/Type 003 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) c. eMotiv Marketing and Consulting | | Date of Disbursement M M / D D / Y Y Y Y 08 / 04 / 2015 |
| Mailing Address 160 W Foothill Parkway # 105-28 | | Amount of Each Disbursement this Period 275 Transaction ID : B-E-2562 |
| City Corona State CA Zip Code 92882-8545 | Purpose of Disbursement Email and Social Media Broadcasting Candidate Name Category/Type 001 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: | |

| | |
|---|---------|
| SUBTOTAL of Disbursements This Page (optional)..... | 4044.42 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | | | | |
|---|---|------------------------------------|-------------------------------------|------------------------------------|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 43 OF 73 | | | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 | |

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NAME OF COMMITTEE (In Full)
Paul Chabot Congress

Full Name (Last, First, Middle Initial)
A. Complete Campaigns

Mailing Address 205 Pennsylvania Avenue SE

City Washington State DC Zip Code 20003-1164

Purpose of Disbursement Administrative/Salary/Overhead: Software

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify)

State: District:

Date of Disbursement: 07 / 09 / 2015

Amount of Each Disbursement this Period: 350

Transaction ID : B-E-2422

Category/Type: 001

Full Name (Last, First, Middle Initial)
B. Ewelina Nowakowska

Mailing Address 5206 Sentinel Ridge

City Eagleville State PA Zip Code 19403-5275

Purpose of Disbursement Inkind: Website Updates and Maintenance

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify)

State: District:

Date of Disbursement: 08 / 01 / 2015

Amount of Each Disbursement this Period: 500

Transaction ID : B-I-2841

Category/Type:

Full Name (Last, First, Middle Initial)
c. Complete Campaigns

Mailing Address 205 Pennsylvania Avenue SE

City Washington State DC Zip Code 20003-1164

Purpose of Disbursement Credit Card Processing Fees

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify)

State: District:

Date of Disbursement: 07 / 06 / 2015

Amount of Each Disbursement this Period: 5

Transaction ID : B-E-2429

Category/Type: 001

SUBTOTAL of Disbursements This Page (optional) 855.00

TOTAL This Period (last page this line number only)

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

| | | | | | |
|---|---|---------------|--|--|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 44 OF 73 | | | |
| | <input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21 | | | | |

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NAME OF COMMITTEE (In Full)
Paul Chabot Congress

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) A. Linda Morrow | | Date of Disbursement M M / D D / Y Y Y Y 08 / 31 / 2015 |
| Mailing Address 69780 Stellar Drive | | Amount of Each Disbursement this Period 950 Transaction ID : B-I-2599 |
| City Rancho Mirage | State CA Zip Code 92270-2954 | |
| Purpose of Disbursement Inkind: Fundraiser Catering | | Category/ Type |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. Campaign Solutions dba Edonation.com | | Date of Disbursement M M / D D / Y Y Y Y 09 / 11 / 2015 |
| Mailing Address 117 N Saint Asaph Street | | Amount of Each Disbursement this Period 219.31 Transaction ID : B-E-2627 |
| City Alexandria | State VA Zip Code 22314-3109 | |
| Purpose of Disbursement Credit Card Processing Fee and Commission | | Category/ Type |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) c. Capital Campaigns Inc. | | Date of Disbursement M M / D D / Y Y Y Y 09 / 10 / 2015 |
| Mailing Address 38 Executive Park Suite 390 | | Amount of Each Disbursement this Period 2698.03 Transaction ID : B-E-2602 |
| City Irvine | State CA Zip Code 92614-4730 | |
| Purpose of Disbursement Fundraising Consulting and Supplies | | Category/ Type |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | |
|---|---------|
| SUBTOTAL of Disbursements This Page (optional)..... | 3867.34 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | | | |
|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 45 OF 73 | | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 |

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NAME OF COMMITTEE (In Full)
Paul Chabot Congress

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) A. John Van Winkle | | Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2015 |
| Mailing Address 1413 1/2 W Kenneth Road # 232 | | Amount of Each Disbursement this Period 1750 Transaction ID : B-I-2831 |
| City Glendale | State CA | |
| Zip Code 91201-1478 | Purpose of Disbursement Inkind: Strategic Consulting | Category/ Type |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: | |

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) B. Thomas J Basile | | Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2015 |
| Mailing Address 26 Zachary Taylor Street | | Amount of Each Disbursement this Period 2000 Transaction ID : B-I-2826 |
| City Stony Point | State NY | |
| Zip Code 10980-3692 | Purpose of Disbursement Inkind: Strategic Consulting | Category/ Type |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: | |

| | | |
|--|---|--|
| Full Name (Last, First, Middle Initial) c. Bobbi Cummings | | Date of Disbursement M M / D D / Y Y Y Y 08 / 27 / 2015 |
| Mailing Address 765 Showcase Drive N | | Amount of Each Disbursement this Period 500 Transaction ID : B-I-2843 |
| City San Bernardino | State CA | |
| Zip Code 92408-2729 | Purpose of Disbursement Inkind: Event Costs | Category/ Type |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: | |

| | |
|---|---------|
| SUBTOTAL of Disbursements This Page (optional)..... | 4250.00 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | | | | |
|---|--|---|--|---|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 46 OF 73 | | | |
| | <input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a | <input type="checkbox"/> 18 <input type="checkbox"/> 20b | <input type="checkbox"/> 19a <input type="checkbox"/> 20c | <input type="checkbox"/> 19b <input type="checkbox"/> 21 | |

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NAME OF COMMITTEE (In Full)
Paul Chabot Congress

A. eFundraising Connections

Full Name (Last, First, Middle Initial)
Mailing Address 2131 Capitol Avenue Suite 306

City Sacramento State CA Zip Code 95816-5755

Purpose of Disbursement Credit Card Processing Fees

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify)

State: District:

Date of Disbursement: 07 / 01 / 2015

Amount of Each Disbursement this Period: 30.75

Transaction ID : B-E-2433

Category/Type: 001

B. Complete Campaigns

Full Name (Last, First, Middle Initial)
Mailing Address 205 Pennsylvania Avenue SE

City Washington State DC Zip Code 20003-1164

Purpose of Disbursement Administrative/Salary/Overhead: Software

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify)

State: District:

Date of Disbursement: 08 / 05 / 2015

Amount of Each Disbursement this Period: 350

Transaction ID : B-E-2556

Category/Type: 001

c. Complete Campaigns

Full Name (Last, First, Middle Initial)
Mailing Address 205 Pennsylvania Avenue SE

City Washington State DC Zip Code 20003-1164

Purpose of Disbursement Credit Card Processing Fees

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify)

State: District:

Date of Disbursement: 09 / 17 / 2015

Amount of Each Disbursement this Period: 5

Transaction ID : B-E-2647

Category/Type: 001

SUBTOTAL of Disbursements This Page (optional)..... 385.75

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

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

| | | | | | |
|---|---|------------------------------------|-------------------------------------|------------------------------------|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 47 OF 73 | | | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 | |

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)
Paul Chabot Congress

A. Churches in Action

Full Name (Last, First, Middle Initial)
Mailing Address 9641 Virginia Avenue

City South Gate State CA Zip Code 90280-4513

Purpose of Disbursement Prayer Breakfast Event

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify)

State: District:

Date of Disbursement 08 / 31 / 2015

Amount of Each Disbursement this Period 1000

Transaction ID : B-E-2596

Category/Type 001

B. Mark Edwards

Full Name (Last, First, Middle Initial)
Mailing Address 535 W State Street Suite G

City Redlands State CA Zip Code 92373-4662

Purpose of Disbursement Inkind: Reception Costs

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify)

State: District:

Date of Disbursement 09 / 30 / 2015

Amount of Each Disbursement this Period 500

Transaction ID : B-I-2833

Category/Type

C. Total Publishing and Media

Full Name (Last, First, Middle Initial)
Mailing Address 5411 S 125th East Avenue Suite 302

City Tulsa State OK Zip Code 74146-6228

Purpose of Disbursement Books for Fundraising

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify)

State: District:

Date of Disbursement 07 / 13 / 2015

Amount of Each Disbursement this Period 439.9

Transaction ID : B-E-2445

Category/Type 001

SUBTOTAL of Disbursements This Page (optional)..... 1939.90

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

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

| | | | | |
|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 48 OF 73 | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 |

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NAME OF COMMITTEE (In Full)
Paul Chabot Congress

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) A. The KAL Group | | Date of Disbursement MM / DD / YYYY 09 / 10 / 2015 |
| Mailing Address 976 Pacific Avenue | | Amount of Each Disbursement this Period 552.48 Transaction ID : B-E-2603 |
| City Willows State CA Zip Code 95988-9788 | Purpose of Disbursement Bookkeeping Candidate Name Category/Type 001 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: | |

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) B. Campaign Solutions dba Edonation.com | | Date of Disbursement MM / DD / YYYY 07 / 03 / 2015 |
| Mailing Address 117 N Saint Asaph Street | | Amount of Each Disbursement this Period 704.74 Transaction ID : B-E-2532 |
| City Alexandria State VA Zip Code 22314-3109 | Purpose of Disbursement Processing Fees and Fundraising Commission Candidate Name Category/Type 003 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: | |

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|--|--|---|
| Full Name (Last, First, Middle Initial) c. eFundraising Connections | | Date of Disbursement MM / DD / YYYY 08 / 03 / 2015 |
| Mailing Address 2131 Capitol Avenue Suite 306 | | Amount of Each Disbursement this Period 20 Transaction ID : B-E-2543 |
| City Sacramento State CA Zip Code 95816-5755 | Purpose of Disbursement Credit Card Processing Fees Candidate Name Category/Type 001 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: | |

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|---|---------|
| SUBTOTAL of Disbursements This Page (optional)..... | 1277.22 |
| TOTAL This Period (last page this line number only)..... | |

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

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|---|---|------------------------------------|-------------------------------------|------------------------------------|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 49 OF 73 | | | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 | |

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NAME OF COMMITTEE (In Full)
Paul Chabot Congress

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) A. Campaign Solutions dba Edonation.com | | Date of Disbursement MM / DD / YYYY 07 / 14 / 2015 |
| Mailing Address 117 N Saint Asaph Street | | Amount of Each Disbursement this Period 219.45 Transaction ID : B-E-2428 |
| City Alexandria State VA Zip Code 22314-3109 | Purpose of Disbursement Email Deployment/Web Hosting Candidate Name Category/Type 003 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) B. Robert Porter | | Date of Disbursement MM / DD / YYYY 08 / 08 / 2015 |
| Mailing Address 2439 Fremontia Drive | | Amount of Each Disbursement this Period 1250 Transaction ID : B-I-2839 |
| City San Bernardino State CA Zip Code 92404-3938 | Purpose of Disbursement Inkind: Photography Candidate Name Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: | |

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|--|--|---|
| Full Name (Last, First, Middle Initial) c. eFundraising Connections | | Date of Disbursement MM / DD / YYYY 09 / 01 / 2015 |
| Mailing Address 2131 Capitol Avenue Suite 306 | | Amount of Each Disbursement this Period 20.5 Transaction ID : B-E-2601 |
| City Sacramento State CA Zip Code 95816-5755 | Purpose of Disbursement Credit Card Processing Fees Candidate Name Category/Type 001 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: | |

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| SUBTOTAL of Disbursements This Page (optional)..... | 1489.95 |
| TOTAL This Period (last page this line number only)..... | |

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

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|---|---|------------------------------------|-------------------------------------|------------------------------------|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 50 OF 73 | | | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 | |

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NAME OF COMMITTEE (In Full)
Paul Chabot Congress

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) A. Capital Campaigns Inc. | | Date of Disbursement MM / DD / YYYY 08 / 10 / 2015 |
| Mailing Address 38 Executive Park Suite 390 | | Amount of Each Disbursement this Period 2658.06 Transaction ID : B-E-2564 |
| City Irvine | State CA Zip Code 92614-4730 | |
| Purpose of Disbursement Fundraising Consulting and Postage | | Category/ Type 003 |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

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|---|--|--|
| Full Name (Last, First, Middle Initial) B. Kenneth Hunter | | Date of Disbursement MM / DD / YYYY 08 / 08 / 2015 |
| Mailing Address 20 Dearborn Circle | | Amount of Each Disbursement this Period 500 Transaction ID : B-I-2838 |
| City Redlands | State CA Zip Code 92374-5534 | |
| Purpose of Disbursement Inkind: Graphic Design and T-Shirts | | Category/ Type |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

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|---|--|---|
| Full Name (Last, First, Middle Initial) c. Campaign Solutions dba Edonation.com | | Date of Disbursement MM / DD / YYYY 09 / 08 / 2015 |
| Mailing Address 117 N Saint Asaph Street | | Amount of Each Disbursement this Period 50 Transaction ID : B-E-2600 |
| City Alexandria | State VA Zip Code 22314-3109 | |
| Purpose of Disbursement Website Hosting | | Category/ Type 001 |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

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| SUBTOTAL of Disbursements This Page (optional)..... | 3208.06 |
| TOTAL This Period (last page this line number only)..... | |

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

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|---|---|------------------------------------|-------------------------------------|------------------------------------|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 51 OF 73 | | | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 | |

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NAME OF COMMITTEE (In Full)
Paul Chabot Congress

A. Cardmember Service

Full Name (Last, First, Middle Initial)
Mailing Address PO Box 94014

City Palatine State IL Zip Code 60094-4014

Purpose of Disbursement
Credit Card Payment: See Memos

Candidate Name

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify)

State: District:

Date of Disbursement: 09 / 04 / 2015

Amount of Each Disbursement this Period: 25

Transaction ID : B-E-2605

Category/Type: 001

B. eMotiv Marketing and Consulting

Full Name (Last, First, Middle Initial)
Mailing Address 160 W Foothill Parkway # 105-28

City Corona State CA Zip Code 92882-8545

Purpose of Disbursement
Email and Social Media Broadcasting

Candidate Name

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify)

State: District:

Date of Disbursement: 07 / 13 / 2015

Amount of Each Disbursement this Period: 250

Transaction ID : B-E-2314

Category/Type: 001

C. Avrille Krom

Full Name (Last, First, Middle Initial)
Mailing Address 718 N Elm Drive

City Beverly Hills State CA Zip Code 90210-3423

Purpose of Disbursement
Inkind: Reception Costs

Candidate Name

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify)

State: District:

Date of Disbursement: 09 / 30 / 2015

Amount of Each Disbursement this Period: 750

Transaction ID : B-I-2832

Category/Type:

SUBTOTAL of Disbursements This Page (optional)..... 1025.00

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

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

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|---|---|---------------|--|--|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 52 OF 73 | | | |
| | <input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21 | | | | |

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NAME OF COMMITTEE (In Full)
Paul Chabot Congress

| | | | | | |
|---|--|------------------------|---|--|--|
| Full Name (Last, First, Middle Initial) A. Clifford R Cummings | | | Date of Disbursement M M / D D / Y Y Y Y 08 / 27 / 2015 | | |
| Mailing Address 3377 Valencia Avenue | | | Amount of Each Disbursement this Period 500 | | |
| City San Bernardino | State CA | Zip Code 92404-2419 | Transaction ID : B-I-2842 | | |
| Purpose of Disbursement Inkind: Event Costs | | Category/ Type | | | |
| Candidate Name | | | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | | | |
| State: District: | | | | | |

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|---|--|--------------------------|---|--|--|
| Full Name (Last, First, Middle Initial) B. eFundraising Connections | | | Date of Disbursement M M / D D / Y Y Y Y 07 / 10 / 2015 | | |
| Mailing Address 2131 Capitol Avenue Suite 306 | | | Amount of Each Disbursement this Period 2.13 | | |
| City Sacramento | State CA | Zip Code 95816-5755 | Transaction ID : B-E-2537 | | |
| Purpose of Disbursement Credit Card Processing Fees | | Category/ Type 001 | | | |
| Candidate Name | | | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | | | |
| State: District: | | | | | |

| | | | | | |
|---|--|------------------------|---|--|--|
| Full Name (Last, First, Middle Initial) c. Tom Blackshear | | | Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2015 | | |
| Mailing Address PO Box 71 | | | Amount of Each Disbursement this Period 1500 | | |
| City Yucaipa | State CA | Zip Code 92399-0071 | Transaction ID : B-I-2827 | | |
| Purpose of Disbursement Inkind: Community Engagement | | Category/ Type | | | |
| Candidate Name | | | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | | | |
| State: District: | | | | | |

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|---|---------|
| SUBTOTAL of Disbursements This Page (optional)..... | 2002.13 |
| TOTAL This Period (last page this line number only)..... | |

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

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|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 53 OF 73 | | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 |

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NAME OF COMMITTEE (In Full)
Paul Chabot Congress

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) A. The KAL Group | | Date of Disbursement M M / D D / Y Y Y Y 08 / 04 / 2015 |
| Mailing Address 976 Pacific Avenue | | Amount of Each Disbursement this Period 625.07 Transaction ID : B-E-2554 |
| City Willows State CA Zip Code 95988-9788 | Purpose of Disbursement Bookkeeping Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) State: District: | |
| Category/Type 001 | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. Anthony Garcia | | Date of Disbursement M M / D D / Y Y Y Y 08 / 27 / 2015 |
| Mailing Address 30885 Illinois Street | | Amount of Each Disbursement this Period 105.55 Transaction ID : B-E-2592 |
| City Lake Elsinore State CA Zip Code 92530-4968 | Purpose of Disbursement Consulting and Posterboard Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) State: District: | |
| Category/Type 001 | | |

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) C. Amanda Hamilton | | Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2015 |
| Mailing Address 70 I Street SE Apt. 915 | | Amount of Each Disbursement this Period 1000 Transaction ID : B-I-2846 |
| City Washington State DC Zip Code 20003-4831 | Purpose of Disbursement Inkind: Campaign Consulting Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) State: District: | |
| Category/Type | | |

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| SUBTOTAL of Disbursements This Page (optional)..... | 1730.62 |
| TOTAL This Period (last page this line number only)..... | |

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

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|---|--|---|--|---|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 54 OF 73 | | | |
| | <input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a | <input type="checkbox"/> 18 <input type="checkbox"/> 20b | <input type="checkbox"/> 19a <input type="checkbox"/> 20c | <input type="checkbox"/> 19b <input type="checkbox"/> 21 | |

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NAME OF COMMITTEE (In Full)
Paul Chabot Congress

| | | | | |
|---|--|------------------------|---|--|
| Full Name (Last, First, Middle Initial) A. Patricia L Gilbreath | | | Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2015 | |
| Mailing Address 351 Campbell Avenue | | | Amount of Each Disbursement this Period 1000 | |
| City Redlands | State CA | Zip Code 92373-6800 | Transaction ID : B-I-2840 | |
| Purpose of Disbursement Inkind: Event Costs | | Category/ Type | | |
| Candidate Name | | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | | |
| State: District: | | | | |

| | | | | |
|---|--|--------------------------|---|--|
| Full Name (Last, First, Middle Initial) B. Cardmember Service | | | Date of Disbursement M M / D D / Y Y Y Y 08 / 03 / 2015 | |
| Mailing Address PO Box 94014 | | | Amount of Each Disbursement this Period 4480.18 | |
| City Palatine | State IL | Zip Code 60094-4014 | Transaction ID : B-E-2551 | |
| Purpose of Disbursement Credit Card Payment: See Memos | | Category/ Type 001 | | |
| Candidate Name | | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | Original vendors exceeding reporting threshold itemized as memo transactions. | |
| State: District: | | | | |

| | | | | |
|---|--|--------------------------|---|--|
| Full Name (Last, First, Middle Initial) c. Enterprise Rent-A-Car | | | Date of Disbursement M M / D D / Y Y Y Y 08 / 03 / 2015 | |
| Mailing Address 9849 Foothill Boulevard Suite F | | | Amount of Each Disbursement this Period 799.88 | |
| City Rancho Cucamonga | State CA | Zip Code 91730-3681 | Transaction ID : B-S-499 | |
| Purpose of Disbursement Car Rental | | Category/ Type 001 | | |
| Candidate Name | | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | [MEMO ITEM] Subitemization of Cardmember Service(08/03/15) | |
| State: District: | | | | |

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| SUBTOTAL of Disbursements This Page (optional)..... | 5480.18 |
| TOTAL This Period (last page this line number only)..... | |

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

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|---|---|------------------------------------|-------------------------------------|------------------------------------|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 55 OF 73 | | | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 | |

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NAME OF COMMITTEE (In Full)
Paul Chabot Congress

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) A. Facebook | | Date of Disbursement MM / DD / YYYY 08 / 03 / 2015 |
| Mailing Address 1 Hacker Way | | Amount of Each Disbursement this Period 65.3 |
| City Menlo Park | State CA | |
| Zip Code 94025-1456 | Purpose of Disbursement Online Advertising | Transaction ID : B-S-521 |
| Candidate Name | Category/ Type 004 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | [MEMO ITEM] Subitemization of Cardmember Service(08/03/15) |
| State: District: | | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) B. Office Depot | | Date of Disbursement MM / DD / YYYY 08 / 03 / 2015 |
| Mailing Address 8160 Day Creek Boulevard | | Amount of Each Disbursement this Period 42.07 |
| City Rancho Cucamonga | State CA | |
| Zip Code 91739-9329 | Purpose of Disbursement Office Supplies | Transaction ID : B-S-498 |
| Candidate Name | Category/ Type 001 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | [MEMO ITEM] Subitemization of Cardmember Service(08/03/15) |
| State: District: | | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) c. Office Depot | | Date of Disbursement MM / DD / YYYY 08 / 03 / 2015 |
| Mailing Address 8160 Day Creek Boulevard | | Amount of Each Disbursement this Period 31.61 |
| City Rancho Cucamonga | State CA | |
| Zip Code 91739-9329 | Purpose of Disbursement Office Supplies | Transaction ID : B-S-503 |
| Candidate Name | Category/ Type 001 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | [MEMO ITEM] Subitemization of Cardmember Service(08/03/15) |
| State: District: | | |

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| SUBTOTAL of Disbursements This Page (optional)..... | 0.00 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | | | | |
|---|---|---------------|--|--|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 56 OF 73 | | | |
| | <input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21 | | | | |

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NAME OF COMMITTEE (In Full)
Paul Chabot Congress

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. USPS | | Date of Disbursement M M / D D / Y Y Y Y 08 / 03 / 2015 |
| Mailing Address 10950 Arrow Rte | | Amount of Each Disbursement this Period 196 |
| City Rancho Cucamonga State CA Zip Code 91729-7411 | Purpose of Disbursement Postage & Shipping 001 Category/Type | |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Transaction ID : B-S-480 [MEMO ITEM] Subitemization of Cardmember Service(08/03/15) |
| State: District: | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. USPS | | Date of Disbursement M M / D D / Y Y Y Y 08 / 03 / 2015 |
| Mailing Address 10950 Arrow Rte | | Amount of Each Disbursement this Period 10 |
| City Rancho Cucamonga State CA Zip Code 91729-7411 | Purpose of Disbursement Postage & Shipping 001 Category/Type | |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Transaction ID : B-S-490 [MEMO ITEM] Subitemization of Cardmember Service(08/03/15) |
| State: District: | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) C. USPS | | Date of Disbursement M M / D D / Y Y Y Y 08 / 03 / 2015 |
| Mailing Address 10950 Arrow Rte | | Amount of Each Disbursement this Period 147 |
| City Rancho Cucamonga State CA Zip Code 91729-7411 | Purpose of Disbursement Postage & Shipping 001 Category/Type | |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Transaction ID : B-S-492 [MEMO ITEM] Subitemization of Cardmember Service(08/03/15) |
| State: District: | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |

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|---|------|
| SUBTOTAL of Disbursements This Page (optional)..... | 0.00 |
| TOTAL This Period (last page this line number only)..... | |

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

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|---|---|------------------------------------|-------------------------------------|------------------------------------|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 57 OF 73 | | | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 | |

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NAME OF COMMITTEE (In Full)
Paul Chabot Congress

| | | | |
|--|---|--|---|
| Full Name (Last, First, Middle Initial) A. Shell Oil | | | Date of Disbursement MM / DD / YYYY 08 / 03 / 2015 |
| Mailing Address 12340 Highland Avenue | | | Amount of Each Disbursement this Period 55.14 |
| City Rancho Cucamonga | State CA | Zip Code 91739-1578 | Transaction ID : B-S-481 |
| Purpose of Disbursement Fuel for Travel | | Category/Type 002 | |
| Candidate Name | | | [MEMO ITEM] Subitemization of Cardmember Service(08/03/15) |
| Office Sought: | <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: | District: | | |

| | | | |
|---|---|--|---|
| Full Name (Last, First, Middle Initial) B. Amazon | | | Date of Disbursement MM / DD / YYYY 08 / 03 / 2015 |
| Mailing Address 1200 12th Avenue S Suite 1200 | | | Amount of Each Disbursement this Period 19.95 |
| City Seattle | State WA | Zip Code 98144-2734 | Transaction ID : B-S-529 |
| Purpose of Disbursement Office Supplies | | Category/Type 001 | |
| Candidate Name | | | [MEMO ITEM] Subitemization of Cardmember Service(08/03/15) |
| Office Sought: | <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: | District: | | |

| | | | |
|--|---|--|---|
| Full Name (Last, First, Middle Initial) c. Ralph's | | | Date of Disbursement MM / DD / YYYY 08 / 03 / 2015 |
| Mailing Address 7243 Haven Avenue | | | Amount of Each Disbursement this Period 100 |
| City Rancho Cucamonga | State CA | Zip Code 91701-6063 | Transaction ID : B-S-487 |
| Purpose of Disbursement Meals/Refreshments | | Category/Type 001 | |
| Candidate Name | | | [MEMO ITEM] Subitemization of Cardmember Service(08/03/15) |
| Office Sought: | <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: | District: | | |

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|---|------|
| SUBTOTAL of Disbursements This Page (optional)..... | 0.00 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | | | | |
|---|---|---------------|--|--|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 58 OF 73 | | | |
| | <input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21 | | | | |

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NAME OF COMMITTEE (In Full)
Paul Chabot Congress

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. Ralph's | | Date of Disbursement MM / DD / YYYY 08 / 03 / 2015 |
| Mailing Address 7243 Haven Avenue | | Amount of Each Disbursement this Period 110.18 |
| City Rancho Cucamonga | State CA Zip Code 91701-6063 | |
| Purpose of Disbursement Meals/Refreshments | Category/Type 001 | Transaction ID : B-S-525 [MEMO ITEM] Subitemization of Cardmember Service(08/03/15) |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. T-Mobile | | Date of Disbursement MM / DD / YYYY 08 / 03 / 2015 |
| Mailing Address 12920 SE 38th Street | | Amount of Each Disbursement this Period 63.62 |
| City Bellevue | State WA Zip Code 98006-1350 | |
| Purpose of Disbursement Cell Phone | Category/Type 001 | Transaction ID : B-S-530 [MEMO ITEM] Subitemization of Cardmember Service(08/03/15) |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) c. Colony Wine Merchant LLC | | Date of Disbursement MM / DD / YYYY 08 / 03 / 2015 |
| Mailing Address 280 S Lemon Street | | Amount of Each Disbursement this Period 1200 |
| City Anaheim | State CA Zip Code 92805-3822 | |
| Purpose of Disbursement Wine for Events | Category/Type 001 | Transaction ID : B-S-523 [MEMO ITEM] Subitemization of Cardmember Service(08/03/15) |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

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|---|------|
| SUBTOTAL of Disbursements This Page (optional)..... | 0.00 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | | | |
|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 59 OF 73 | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 |

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NAME OF COMMITTEE (In Full)
Paul Chabot Congress

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) A. The Anaheim White House | | Date of Disbursement MM / DD / YYYY 08 / 03 / 2015 |
| Mailing Address 887 S Anaheim Boulevard | | Amount of Each Disbursement this Period 691.12 |
| City Anaheim State CA Zip Code 92805-5204 | Purpose of Disbursement Food for Event Candidate Name Category/Type 001 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: | Transaction ID : B-S-524 [MEMO ITEM] Subitemization of Cardmember Service(08/03/15) |

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) B. Three Leaves LLC | | Date of Disbursement MM / DD / YYYY 08 / 03 / 2015 |
| Mailing Address 940 Science Boulevard Suite C | | Amount of Each Disbursement this Period 179.89 |
| City Columbus State OH Zip Code 43230-6664 | Purpose of Disbursement Printing Candidate Name Category/Type 001 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: | Transaction ID : B-S-482 [MEMO ITEM] Subitemization of Cardmember Service(08/03/15) |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) c. Andrew Rosas | | Date of Disbursement MM / DD / YYYY 09 / 30 / 2015 |
| Mailing Address 8167 Vineyard Avenue Apt. 107 | | Amount of Each Disbursement this Period 500 |
| City Rancho Cucamonga State CA Zip Code 91730-3391 | Purpose of Disbursement Inkind: Social Media Consulting Candidate Name Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: | Transaction ID : B-I-2845 |

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| SUBTOTAL of Disbursements This Page (optional)..... | 500.00 |
| TOTAL This Period (last page this line number only)..... | |

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

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|---|---|------------------------------------|-------------------------------------|------------------------------------|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 60 OF 73 | | | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 | |

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NAME OF COMMITTEE (In Full)
Paul Chabot Congress

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. Cardmember Service | | Date of Disbursement M M / D D / Y Y Y Y 07 / 03 / 2015 |
| Mailing Address PO Box 94014 | | Amount of Each Disbursement this Period 1696.09 |
| City Palatine | State IL | |
| Zip Code 60094-4014 | Purpose of Disbursement Credit Card Payment:See Memos | Transaction ID : B-E-2274 |
| Candidate Name | Category/ Type 001 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Original vendors exceeding reporting threshold itemized as memo transactions. |
| State: District: | | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) B. Amazon | | Date of Disbursement M M / D D / Y Y Y Y 04 / 20 / 2015 |
| Mailing Address 1200 12th Avenue S Suite 1200 | | Amount of Each Disbursement this Period 35.96 |
| City Seattle | State WA | |
| Zip Code 98144-2734 | Purpose of Disbursement Office Supplies | Transaction ID : B-S-428 |
| Candidate Name | Category/ Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | [MEMO ITEM] Subitemization of Cardmember Service(07/03/15) |
| State: District: | | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) C. Amazon | | Date of Disbursement M M / D D / Y Y Y Y 05 / 06 / 2015 |
| Mailing Address 1200 12th Avenue S Suite 1200 | | Amount of Each Disbursement this Period 107.99 |
| City Seattle | State WA | |
| Zip Code 98144-2734 | Purpose of Disbursement Office Supplies | Transaction ID : B-S-454 |
| Candidate Name | Category/ Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | [MEMO ITEM] Subitemization of Cardmember Service(07/03/15) |
| State: District: | | |

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|---|---------|
| SUBTOTAL of Disbursements This Page (optional)..... | 1696.09 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | | | | |
|---|---|------------------------------------|-------------------------------------|------------------------------------|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 61 OF 73 | | | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 | |

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NAME OF COMMITTEE (In Full)
Paul Chabot Congress

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) A. Ralph's | | Date of Disbursement M M / D D / Y Y Y Y 04 / 25 / 2015 |
| Mailing Address 7243 Haven Avenue | | Amount of Each Disbursement this Period 43.53 |
| City Rancho Cucamonga | State CA Zip Code 91701-6063 | |
| Purpose of Disbursement Fuel | Category/Type 002 | Transaction ID : B-S-439 |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | [MEMO ITEM] Subitemization of Cardmember Service(07/03/15) |
| State: District: | | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) B. Ralph's | | Date of Disbursement M M / D D / Y Y Y Y 05 / 09 / 2015 |
| Mailing Address 7243 Haven Avenue | | Amount of Each Disbursement this Period 62.22 |
| City Rancho Cucamonga | State CA Zip Code 91701-6063 | |
| Purpose of Disbursement Fuel | Category/Type 002 | Transaction ID : B-S-464 |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | [MEMO ITEM] Subitemization of Cardmember Service(07/03/15) |
| State: District: | | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) c. Ralph's | | Date of Disbursement M M / D D / Y Y Y Y 05 / 10 / 2015 |
| Mailing Address 7243 Haven Avenue | | Amount of Each Disbursement this Period 34.29 |
| City Rancho Cucamonga | State CA Zip Code 91701-6063 | |
| Purpose of Disbursement Meals | Category/Type 001 | Transaction ID : B-S-466 |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | [MEMO ITEM] Subitemization of Cardmember Service(07/03/15) |
| State: District: | | |

| | |
|---|------|
| SUBTOTAL of Disbursements This Page (optional)..... | 0.00 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | | | | |
|---|---|------------------------------------|-------------------------------------|------------------------------------|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 62 OF 73 | | | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 | |

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NAME OF COMMITTEE (In Full)
Paul Chabot Congress

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) A. Facebook | | Date of Disbursement MM / DD / YYYY 04 / 30 / 2015 |
| Mailing Address 1 Hacker Way | | Amount of Each Disbursement this Period 38.91 |
| City Menlo Park | State CA | |
| Zip Code 94025-1456 | Purpose of Disbursement Advertising | Transaction ID : B-S-446 |
| Candidate Name | 004 Category/ Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | [MEMO ITEM] Subitemization of Cardmember Service(07/03/15) |
| State: District: | | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) B. American Airlines | | Date of Disbursement MM / DD / YYYY 04 / 14 / 2015 |
| Mailing Address 4333 Amon Carter Boulevard | | Amount of Each Disbursement this Period 593.7 |
| City Fort Worth | State TX | |
| Zip Code 76155-2605 | Purpose of Disbursement Travel | Transaction ID : B-S-424 |
| Candidate Name | 002 Category/ Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | [MEMO ITEM] Subitemization of Cardmember Service(07/03/15) |
| State: District: | | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) C. USPS | | Date of Disbursement MM / DD / YYYY 04 / 28 / 2015 |
| Mailing Address 10950 Arrow Rte | | Amount of Each Disbursement this Period 127.4 |
| City Rancho Cucamonga | State CA | |
| Zip Code 91729-7411 | Purpose of Disbursement Postage & Shipping | Transaction ID : B-S-445 |
| Candidate Name | 003 Category/ Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | [MEMO ITEM] Subitemization of Cardmember Service(07/03/15) |
| State: District: | | |

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| SUBTOTAL of Disbursements This Page (optional)..... | 0.00 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | | | | |
|---|---|---------------|--|--|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 63 OF 73 | | | |
| | <input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21 | | | | |

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NAME OF COMMITTEE (In Full)
Paul Chabot Congress

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) A. T-Mobile | | Date of Disbursement MM / DD / YYYY 05 / 09 / 2015 |
| Mailing Address 12920 SE 38th Street | | Amount of Each Disbursement this Period 55.6 |
| City Bellevue | State WA Zip Code 98006-1350 | |
| Purpose of Disbursement Cell Phone Recurring Payment | Category/Type 001 | Transaction ID : B-S-462 [MEMO ITEM] Subitemization of Cardmember Service(07/03/15) |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) B. Complete Campaigns | | Date of Disbursement MM / DD / YYYY 08 / 17 / 2015 |
| Mailing Address 205 Pennsylvania Avenue SE | | Amount of Each Disbursement this Period 282.5 |
| City Washington | State DC Zip Code 20003-1164 | |
| Purpose of Disbursement Credit Card Processing Fees | Category/Type 001 | Transaction ID : B-E-2572 |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) c. Berg Print and Mail | | Date of Disbursement MM / DD / YYYY 08 / 04 / 2015 |
| Mailing Address 522 Amigos Drive Suite A | | Amount of Each Disbursement this Period 37.23 |
| City Redlands | State CA Zip Code 92373-6259 | |
| Purpose of Disbursement Fundraiser Printing and Mailing | Category/Type 003 | Transaction ID : B-E-2553 |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

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|---|--------|
| SUBTOTAL of Disbursements This Page (optional)..... | 319.73 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | | | | |
|---|---|------------------------------------|-------------------------------------|------------------------------------|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 64 OF 73 | | | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 | |

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NAME OF COMMITTEE (In Full)
Paul Chabot Congress

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) A. NFIB Safe Trust | | Date of Disbursement M M / D D / Y Y Y Y 09 / 16 / 2015 |
| Mailing Address 1201 F Street NW Suite 200 | | Amount of Each Disbursement this Period 373.78 |
| City Washington | State DC | |
| Zip Code 20004-1221 | | |
| Purpose of Disbursement Inkind: Luncheon Event Costs | Category/Type | |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) B. Patricia Hicks | | Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2015 |
| Mailing Address 535 W State Street Suite G | | Amount of Each Disbursement this Period 500 |
| City Redlands | State CA | |
| Zip Code 92373-4662 | | |
| Purpose of Disbursement Inkind: Reception Costs | Category/Type | |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) c. Campaign Solutions dba Edonation.com | | Date of Disbursement M M / D D / Y Y Y Y 08 / 20 / 2015 |
| Mailing Address 117 N Saint Asaph Street | | Amount of Each Disbursement this Period 274.26 |
| City Alexandria | State VA | |
| Zip Code 22314-3109 | | |
| Purpose of Disbursement Fundraising Fee and Processing | Category/Type 001 | |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

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| SUBTOTAL of Disbursements This Page (optional)..... | 1148.04 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | | | | |
|---|---|------------------------------------|-------------------------------------|------------------------------------|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 65 OF 73 | | | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 | |

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NAME OF COMMITTEE (In Full)
Paul Chabot Congress

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) A. eFundraising Connections | | Date of Disbursement M M / D D / Y Y Y Y 09 / 29 / 2015 |
| Mailing Address 2131 Capitol Avenue Suite 306 | | Amount of Each Disbursement this Period 18.88 Transaction ID : B-E-2814 |
| City Sacramento State CA Zip Code 95816-5755 | Purpose of Disbursement Credit Card Processing Fees 001 Category/Type | |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. Zach Rosas | | Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2015 |
| Mailing Address 8167 Vineyard Avenue Apt. 107 | | Amount of Each Disbursement this Period 1000 Transaction ID : B-I-2836 |
| City Rancho Cucamonga State CA Zip Code 91730-3391 | Purpose of Disbursement Inkind: Event Coordination and Outreach | |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) c. eFundraising Connections | | Date of Disbursement M M / D D / Y Y Y Y 09 / 15 / 2015 |
| Mailing Address 2131 Capitol Avenue Suite 306 | | Amount of Each Disbursement this Period 3.75 Transaction ID : B-E-2629 |
| City Sacramento State CA Zip Code 95816-5755 | Purpose of Disbursement Credit Card Processing Fees 001 Category/Type | |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

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|---|---------|
| SUBTOTAL of Disbursements This Page (optional)..... | 1022.63 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | | | | |
|---|---|---------------|--|--|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 66 OF 73 | | | |
| | <input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21 | | | | |

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NAME OF COMMITTEE (In Full)
Paul Chabot Congress

| | | |
|--|---|--|
| Full Name (Last, First, Middle Initial) A. Kyle Cummings | | Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2015 |
| Mailing Address 330 Alabama Street | | Amount of Each Disbursement this Period 500 Transaction ID : B-I-2828 |
| City Redlands | State CA | |
| Zip Code 92373-8096 | Purpose of Disbursement Inkind: Bumper Stickers | Category/ Type |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: | |

| | | |
|--|---|--|
| Full Name (Last, First, Middle Initial) B. Abe Tekin | | Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2015 |
| Mailing Address 11400 4th Street Suite 103 | | Amount of Each Disbursement this Period 500 Transaction ID : B-I-2837 |
| City Rancho Cucamonga | State CA | |
| Zip Code 91730-9018 | Purpose of Disbursement Inkind: Reception Costs | Category/ Type |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: | |

| | | |
|--|---|--|
| Full Name (Last, First, Middle Initial) c. eFundraising Connections | | Date of Disbursement M M / D D / Y Y Y Y 09 / 24 / 2015 |
| Mailing Address 2131 Capitol Avenue Suite 306 | | Amount of Each Disbursement this Period 75.75 Transaction ID : B-E-2678 |
| City Sacramento | State CA | |
| Zip Code 95816-5755 | Purpose of Disbursement Credit Card Processing Fees | Category/ Type 001 |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: | |

| | |
|---|---------|
| SUBTOTAL of Disbursements This Page (optional)..... | 1075.75 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | | | | |
|---|---|---------------|--|--|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 67 OF 73 | | | |
| | <input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21 | | | | |

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)
Paul Chabot Congress

| | | | |
|---|--|--|--|
| Full Name (Last, First, Middle Initial) A. Anthony Garcia | | | Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2015 |
| Mailing Address 30885 Illinois Street | | | Amount of Each Disbursement this Period 200 Transaction ID : B-I-2847 |
| City Lake Elsinore | State CA | Zip Code 92530-4968 | |
| Purpose of Disbursement Inkind: Event Coordination | | Category/ Type | |
| Candidate Name | | | |
| Office Sought: | House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: | District: | | |

| | | | |
|---|--|--|--|
| Full Name (Last, First, Middle Initial) B. Complete Campaigns | | | Date of Disbursement M M / D D / Y Y Y Y 07 / 02 / 2015 |
| Mailing Address 205 Pennsylvania Avenue SE | | | Amount of Each Disbursement this Period 2.5 Transaction ID : B-E-2430 |
| City Washington | State DC | Zip Code 20003-1164 | |
| Purpose of Disbursement Credit Card Processing Fees | | Category/ Type | |
| Candidate Name | | | |
| Office Sought: | House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: | District: | | |

| | | | |
|---|--|--|--|
| Full Name (Last, First, Middle Initial) c. Sheila Tekin | | | Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2015 |
| Mailing Address 11400 4th Street Suite 103 | | | Amount of Each Disbursement this Period 500 Transaction ID : B-I-2835 |
| City Rancho Cucamonga | State CA | Zip Code 91730-9018 | |
| Purpose of Disbursement Inkind: Reception Costs | | Category/ Type | |
| Candidate Name | | | |
| Office Sought: | House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: | District: | | |

| | |
|---|--------------|
| SUBTOTAL of Disbursements This Page (optional)..... | 702.50 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | | | |
|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 68 OF 73 | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 |

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NAME OF COMMITTEE (In Full)
Paul Chabot Congress

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) A. Kenneth Hunter | | Date of Disbursement M M / D D / Y Y Y Y 07 / 31 / 2015 |
| Mailing Address 20 Dearborn Circle | | Amount of Each Disbursement this Period 250 Transaction ID : B-I-2544 |
| City Redlands State CA Zip Code 92374-5534 | Purpose of Disbursement Inkind: Campaign T-Shirts | |
| Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) B. | | Date of Disbursement M M / D D / Y Y Y Y |
| Mailing Address | | Amount of Each Disbursement this Period |
| City State Zip Code | Purpose of Disbursement | |
| Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) C. | | Date of Disbursement M M / D D / Y Y Y Y |
| Mailing Address | | Amount of Each Disbursement this Period |
| City State Zip Code | Purpose of Disbursement | |
| Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | |
|---|----------|
| SUBTOTAL of Disbursements This Page (optional)..... | 250.00 |
| TOTAL This Period (last page this line number only)..... | 48807.58 |

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)
Paul Chabot Congress

Transaction ID : SC/10-L3

LOAN SOURCE Full Name (Last, First, Middle Initial)
Dr. Paul R Chabot

[PERSONAL FUNDS]

Election: 2014

Primary
 General
 Other (specify) ▼
Primary 2014

Mailing Address
12223 Highland Avenue
106-228

City State ZIP Code
Rch Cucamonga CA 91739-2574

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period
62000 33100 28900

TERMS

Date Incurred Date Due Interest Rate Secured:
M 03 / D 06 / Y 2014 M M / D D / Y 12/31/2016 0.00 % (apr) Yes No

List All Endorsers or Guarantors (if any) to Loan Source

| 1. Full Name (Last, First, Middle Initial) | Name of Employer |
|--|--------------------------------|
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: |
| 2. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: |
| 3. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: |
| 4. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: |

SUBTOTALS This Period This Page (optional)..... ▶ 28900.00

TOTALS This Period (last page in this line only)..... ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)
Paul Chabot Congress

Transaction ID : **SC/10-L4**

LOAN SOURCE Full Name (Last, First, Middle Initial)

Dr. Paul R Chabot

[PERSONAL FUNDS]

Election: 2014

Primary
 General
 Other (specify) ▼
Primary 2014

Mailing Address
12223 Highland Avenue
106-228

City State ZIP Code
Rch Cucamonga CA 91739-2574

| Original Amount of Loan | Cumulative Payment To Date | Balance Outstanding at Close of This Period |
|-------------------------|----------------------------|---|
| 4500 | 0 | 4500 |

TERMS

Date Incurred: M 05 / D 29 / Y 2014
 Date Due: M / D / Y 12/31/2016
 Interest Rate: 0.00 % (apr)
 Secured: Yes No

List All Endorsers or Guarantors (if any) to Loan Source

| 1. Full Name (Last, First, Middle Initial) | Name of Employer |
|--|--------------------------------|
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: |
| 2. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: |
| 3. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: |
| 4. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: |

| | |
|--|---------|
| SUBTOTALS This Period This Page (optional)..... | 4500.00 |
| TOTALS This Period (last page in this line only)..... | |

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **Paul Chabot Congress** Transaction ID : **SC/10-L5**

LOAN SOURCE Full Name (Last, First, Middle Initial) **Dr. Paul R Chabot** *[PERSONAL FUNDS]* Election: 2014
 Primary
 General
 Other (specify) **General 2014**

Mailing Address
 12223 Highland Avenue
 # 106-228

City State ZIP Code
 Rch Cucamonga CA 91739-2574

| | | |
|----------------------------------|-------------------------------------|--|
| Original Amount of Loan 75000 | Cumulative Payment To Date 25100 | Balance Outstanding at Close of This Period 49900 |
|----------------------------------|-------------------------------------|--|

TERMS

| | | | |
|---------------------------------------|----------------------------------|-------------------------------|---|
| Date Incurred M 09 / D 23 / Y 2014 | Date Due M / D / Y 12/31/2016 | Interest Rate 0.00 % (apr) | Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|---------------------------------------|----------------------------------|-------------------------------|---|

List All Endorsers or Guarantors (if any) to Loan Source

| | |
|--|------------------------------------|
| 1. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: [] |
| 2. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: [] |
| 3. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: [] |
| 4. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: [] |

| | |
|--|----------|
| SUBTOTALS This Period This Page (optional)..... | 49900.00 |
| TOTALS This Period (last page in this line only)..... | 83300.00 |

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

| | |
|---|---|
| (Use separate schedule(s) for each numbered line) | PAGE 72 OF 73 |
| | FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10 |

NAME OF COMMITTEE (In Full)

Paul Chabot Congress

| | | |
|---|------------|--|
| A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Cardmember Service | | Nature of Debt (Purpose): Administrative/Salary/Overhead: Credit Card Payment: See Memos |
| Mailing Address PO Box 94014 | | |
| City State | Zip Code | |
| Palatine IL | 60094-4014 | |

| | | |
|---|---------------------------------------|---|
| Outstanding Balance Beginning This Period | Transaction ID : SD10-DEBT2825 | |
| <input type="text" value="3956.52"/> | | |
| Amount Incurred This Period | Payment This Period | Outstanding Balance at Close of This Period |
| <input type="text" value="5478.62"/> | <input type="text" value="3956.52"/> | <input type="text" value="5478.62"/> |

| | | |
|--|------------|--|
| B. Full Name (Last, First, Middle Initial) of Debtor or Creditor eMotiv Marketing and Consulting | | Nature of Debt (Purpose): Administrative/Salary/Overhead: Email and Social Media Broadcasting |
| Mailing Address 160 W Foothill Parkway # 105-28 | | |
| City State | Zip Code | |
| Corona CA | 92882-8545 | |

| | | |
|---|---------------------------------------|---|
| Outstanding Balance Beginning This Period | Transaction ID : SD10-DEBT2314 | |
| <input type="text" value="250"/> | | |
| Amount Incurred This Period | Payment This Period | Outstanding Balance at Close of This Period |
| <input type="text" value="0"/> | <input type="text" value="250"/> | <input type="text" value="0"/> |

| | | |
|--|------------|---|
| C. Full Name (Last, First, Middle Initial) of Debtor or Creditor MGR Real Estate | | Nature of Debt (Purpose): Administrative/Salary/Overhead: Rent |
| Mailing Address 1461 E Cooley Drive Suite 205 | | |
| City State | Zip Code | |
| Colton CA | 92324-3983 | |

| | | |
|---|---------------------------------------|---|
| Outstanding Balance Beginning This Period | Transaction ID : SD10-DEBT1767 | |
| <input type="text" value="485"/> | | |
| Amount Incurred This Period | Payment This Period | Outstanding Balance at Close of This Period |
| <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="485"/> |

| | |
|--|--------------------------------------|
| 1) SUBTOTALS This Period This Page (optional) | <input type="text" value="5963.62"/> |
| 2) TOTALS This Period (last page this line number only) | <input type="text"/> |
| 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... | <input type="text"/> |
| 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶ | <input type="text"/> |

SCHEDULE D (FEC Form 3)
DEBTS AND OBLIGATIONS
Excluding Loans

NAME OF COMMITTEE (In Full)
Paul Chabot Congress

| | |
|---|---|
| A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Capital Campaigns Inc. | Nature of Debt (Purpose): Fundraising: Fundraising Consulting and Supplies |
| Mailing Address 38 Executive Park Suite 390 | |
| City State Zip Code Irvine CA 92614-4730 | |

| | | |
|--|---------------------------------------|--|
| Outstanding Balance Beginning This Period 2651.05 | Transaction ID : SD10-DEBT2427 | |
| Amount Incurred This Period 0 | Payment This Period 2651.05 | Outstanding Balance at Close of This Period 0 |

| | |
|---|--|
| B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Campaign Solutions dba Edonation.com | Nature of Debt (Purpose): Fundraising: Email Deployment/Web Hosting |
| Mailing Address 117 N Saint Asaph Street | |
| City State Zip Code Alexandria VA 22314-3109 | |

| | | |
|---|---------------------------------------|--|
| Outstanding Balance Beginning This Period 219.45 | Transaction ID : SD10-DEBT2428 | |
| Amount Incurred This Period 0 | Payment This Period 219.45 | Outstanding Balance at Close of This Period 0 |

| | |
|--|---------------------------|
| C. Full Name (Last, First, Middle Initial) of Debtor or Creditor | Nature of Debt (Purpose): |
| Mailing Address | |
| City State Zip Code | |

| | | |
|---|---------------------|---|
| Outstanding Balance Beginning This Period | | |
| Amount Incurred This Period | Payment This Period | Outstanding Balance at Close of This Period |

| | |
|--|----------|
| 1) SUBTOTALS This Period This Page (optional) | 0.00 |
| 2) TOTALS This Period (last page this line number only) | 5963.62 |
| 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... | 83300.00 |
| 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶ | 89263.62 |