



**SUMMARY PAGE**  
of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name  
**CHRIS GIBSON FOR 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))....	0.00	1085.00
(b) Total Contribution Refunds (from Line 20(d)) .....	0.00	3265.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	0.00	-2180.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	9034.45	84446.36
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	9034.45	84446.36
8. Cash on Hand at Close of Reporting Period (from Line 27).....	61829.45	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	

**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

**CHRIS GIBSON FOR 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).....	0.00	1000.00
(ii) Unitemized.....	0.00	85.00
(iii) TOTAL of contributions from individuals ▶	0.00	1085.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	0.00	1085.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....	0.00	1585.56
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.).....	0.00	0.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	0.00	2670.56

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	9034.45	84446.36
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans .....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	265.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	3000.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	3265.00
21. OTHER DISBURSEMENTS .....	4550.00	84600.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	13584.45	172311.36

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	75413.90
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	0.00
25. SUBTOTAL (add Line 23 and Line 24).....	75413.90
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	13584.45
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	61829.45

**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 5 OF 30			
	<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)  
**CHRIS GIBSON FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. ADOBE</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 29 / 2015		
Mailing Address 345 PARK AVENUE			Amount of Each Disbursement this Period 148.73		
City SAN JOSE	State CA	Zip Code 95110	Category/ Type		
Purpose of Disbursement AMEX 01/04 PAYMENT: SOFTWARE					
Candidate Name			<input checked="" type="checkbox"/> Memo Item		
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)		Transaction ID : SB17.21445		
State: District:					

Full Name (Last, First, Middle Initial) <b>B. ADOBE</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 28 / 2015		
Mailing Address 345 PARK AVENUE			Amount of Each Disbursement this Period 148.73		
City SAN JOSE	State CA	Zip Code 95110	Category/ Type		
Purpose of Disbursement AMEX 02/01 PAYMENT: SOFTWARE					
Candidate Name			<input checked="" type="checkbox"/> Memo Item		
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)		Transaction ID : SB17.21426		
State: District:					

Full Name (Last, First, Middle Initial) <b>C. ADOBE</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 28 / 2016		
Mailing Address 345 PARK AVENUE			Amount of Each Disbursement this Period 148.73		
City SAN JOSE	State CA	Zip Code 95110	Category/ Type		
Purpose of Disbursement AMEX 03/03 PAYMENT: SOFTWARE					
Candidate Name			<input checked="" type="checkbox"/> Memo Item		
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)		Transaction ID : SB17.21408		
State: District:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> 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 6 OF 30	
	<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)  
**CHRIS GIBSON FOR CONGRESS**

Full Name (Last, First, Middle Initial)  
**A. ALL TAXI**

Mailing Address 26-01 43RD AVE

City LONG ISLAND CITY State NY Zip Code 11101

Purpose of Disbursement  
AMEX 01/04 PAYMENT: TRAVEL: GROUND TRANSPORTATION

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2016  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement  
M M / D D / Y Y Y Y  
12 / 03 / 2015

Amount of Each Disbursement this Period  
16.00

Memo Item

Transaction ID : SB17.21436

Full Name (Last, First, Middle Initial)  
**B. AMERICAN AIRLINES**

Mailing Address 4333 AMON CARTER BOULEVARD

City FORT WORTH State TX Zip Code 76155

Purpose of Disbursement  
AMEX 03/03 PAYMENT: TRAVEL: OTHER

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2016  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement  
M M / D D / Y Y Y Y  
01 / 29 / 2016

Amount of Each Disbursement this Period  
9.95

Memo Item

Transaction ID : SB17.21382

Full Name (Last, First, Middle Initial)  
**C. AMERICAN AIRLINES**

Mailing Address 4333 AMON CARTER BOULEVARD

City FORT WORTH State TX Zip Code 76155

Purpose of Disbursement  
AMEX 03/03 PAYMENT: TRAVEL: OTHER

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2016  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement  
M M / D D / Y Y Y Y  
01 / 29 / 2016

Amount of Each Disbursement this Period  
9.95

Memo Item

Transaction ID : SB17.21383

**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 7 OF 30			
	<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)  
**CHRIS GIBSON FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. AMERICAN AIRLINES</b>			Date of Disbursement M M / D D / Y Y Y Y 02 / 02 / 2016		
Mailing Address 4333 AMON CARTER BOULEVARD			Amount of Each Disbursement this Period 280.10		
City FORT WORTH	State TX	Zip Code 76155	<input type="checkbox"/> Memo Item <b>Transaction ID : SB17.21375</b>		
Purpose of Disbursement AMEX 03/03 PAYMENT: TRAVEL: AIR		Category/ Type			
Candidate Name					
Office Sought:	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>B. AMERICAN AIRLINES</b>			Date of Disbursement M M / D D / Y Y Y Y 02 / 02 / 2016		
Mailing Address 4333 AMON CARTER BOULEVARD			Amount of Each Disbursement this Period 16.53		
City FORT WORTH	State TX	Zip Code 76155	<input checked="" type="checkbox"/> Memo Item <b>Transaction ID : SB17.21376</b>		
Purpose of Disbursement AMEX 03/03 PAYMENT: TRAVEL: AIR		Category/ Type			
Candidate Name					
Office Sought:	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>C. AMERICAN AIRLINES</b>			Date of Disbursement M M / D D / Y Y Y Y 02 / 02 / 2016		
Mailing Address 4333 AMON CARTER BOULEVARD			Amount of Each Disbursement this Period 25.00		
City FORT WORTH	State TX	Zip Code 76155	<input checked="" type="checkbox"/> Memo Item <b>Transaction ID : SB17.21377</b>		
Purpose of Disbursement AMEX 03/03 PAYMENT: TRAVEL: AIR		Category/ Type			
Candidate Name					
Office Sought:	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:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> 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 8 OF 30			
	<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)  
**CHRIS GIBSON FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. AMERICAN EXPRESS</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 05 / 2016		
Mailing Address 200 VESSEY ST			Amount of Each Disbursement this Period 2613.88		
City NEW YORK	State NY	Zip Code 10285	Memo Item <input type="checkbox"/>		
Purpose of Disbursement CREDIT CARD PAYMENT: SEE MEMO ENTRIES		Category/ Type			
Candidate Name		Transaction ID : <b>SB17.21343</b>			
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>B. AMERICAN EXPRESS</b>			Date of Disbursement M M / D D / Y Y Y Y 02 / 02 / 2016		
Mailing Address 200 VESSEY ST			Amount of Each Disbursement this Period 2262.42		
City NEW YORK	State NY	Zip Code 10285	Memo Item <input type="checkbox"/>		
Purpose of Disbursement CREDIT CARD PAYMENT: SEE MEMO ENTRIES		Category/ Type			
Candidate Name		Transaction ID : <b>SB17.21344</b>			
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>C. AMERICAN EXPRESS</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 04 / 2016		
Mailing Address 200 VESSEY ST			Amount of Each Disbursement this Period 2508.15		
City NEW YORK	State NY	Zip Code 10285	Memo Item <input type="checkbox"/>		
Purpose of Disbursement CREDIT CARD PAYMENT: SEE MEMO ENTRIES		Category/ Type			
Candidate Name		Transaction ID : <b>SB17.21345</b>			
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: _____				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	7384.45
<b>TOTAL</b> 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 9 OF 30			
	<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)  
**CHRIS GIBSON FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. AMTRAK</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 11 / 2015
Mailing Address 50 MASSACHUSETTS AVENUE NE			Amount of Each Disbursement this Period 26.00
City WASHINGTON	State DC	Zip Code 20002	
Purpose of Disbursement AMEX 01/04 PAYMENT: TRAVEL: RAIL		Category/ Type	<input checked="" type="checkbox"/> Memo Item
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)		<b>Transaction ID : SB17.21430</b>
State: District:			

Full Name (Last, First, Middle Initial) <b>B. AMTRAK</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 11 / 2015
Mailing Address 50 MASSACHUSETTS AVENUE NE			Amount of Each Disbursement this Period 26.00
City WASHINGTON	State DC	Zip Code 20002	
Purpose of Disbursement AMEX 01/04 PAYMENT: TRAVEL: RAIL		Category/ Type	<input checked="" type="checkbox"/> Memo Item
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)		<b>Transaction ID : SB17.21431</b>
State: District:			

Full Name (Last, First, Middle Initial) <b>C. AMTRAK</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 19 / 2016
Mailing Address 50 MASSACHUSETTS AVENUE NE			Amount of Each Disbursement this Period 37.00
City WASHINGTON	State DC	Zip Code 20002	
Purpose of Disbursement AMEX 03/03 PAYMENT: TRAVEL: RAIL		Category/ Type	<input checked="" type="checkbox"/> Memo Item
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)		<b>Transaction ID : SB17.21403</b>
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> 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 10 OF 30	
	<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)  
**CHRIS GIBSON FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. AMTRAK</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 21 / 2016
Mailing Address 50 MASSACHUSETTS AVENUE NE		Amount of Each Disbursement this Period 5.00
City WASHINGTON State DC Zip Code 20002	Purpose of Disbursement AMEX 03/03 PAYMENT: TRAVEL: FOOD	
Candidate Name	Category/Type	<input checked="" type="checkbox"/> Memo Item
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)	<b>Transaction ID : SB17.21399</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>B. AMTRAK</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 27 / 2016
Mailing Address 50 MASSACHUSETTS AVENUE NE		Amount of Each Disbursement this Period 74.00
City WASHINGTON State DC Zip Code 20002	Purpose of Disbursement AMEX 03/03 PAYMENT: TRAVEL: RAIL	
Candidate Name	Category/Type	<input checked="" type="checkbox"/> Memo Item
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)	<b>Transaction ID : SB17.21387</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>C. AMTRAK</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 27 / 2016
Mailing Address 50 MASSACHUSETTS AVENUE NE		Amount of Each Disbursement this Period 74.00
City WASHINGTON State DC Zip Code 20002	Purpose of Disbursement AMEX 03/03 PAYMENT: TRAVEL: RAIL	
Candidate Name	Category/Type	<input checked="" type="checkbox"/> Memo Item
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)	<b>Transaction ID : SB17.21388</b>
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> 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 11 OF 30	
	<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)  
**CHRIS GIBSON FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. ANGELO'S</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 19 / 2016
Mailing Address 677 BROADWAY, SUITE 101		Amount of Each Disbursement this Period 284.16
City ALBANY State NY Zip Code 12207	Purpose of Disbursement AMEX 03/03 PAYMENT: MEETING EXPENSE: MEALS	
Candidate Name	Category/Type	<input checked="" type="checkbox"/> Memo Item
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)	<b>Transaction ID : SB17.21405</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>B. BRICKHOUSE BREWERY &amp; RESTAURANT</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 22 / 2016
Mailing Address 67 W MAIN STREET		Amount of Each Disbursement this Period 83.36
City PATCHOGUE State NY Zip Code 11772	Purpose of Disbursement AMEX 03/03 PAYMENT: MEETING EXPENSE: MEALS	
Candidate Name	Category/Type	<input checked="" type="checkbox"/> Memo Item
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)	<b>Transaction ID : SB17.21394</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>C. STEVEN BULGER</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 01 / 2016
Mailing Address PO BOX 255		Amount of Each Disbursement this Period 500.00
City KINDERHOOK State NY Zip Code 12106	Purpose of Disbursement STIPEND	
Candidate Name	Category/Type	<input type="checkbox"/> Memo Item
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)	<b>Transaction ID : SB17.21357</b>
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	500.00
<b>TOTAL</b> 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 12 OF 30	
	<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)  
**CHRIS GIBSON FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. STEVEN BULGER</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 29 / 2016
Mailing Address PO BOX 255		Amount of Each Disbursement this Period 500.00
City KINDERHOOK	State NY	
Zip Code 12106	Purpose of Disbursement STIPEND	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type	<b>Transaction ID : SB17.21358</b>
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>B. STEVEN BULGER</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2016
Mailing Address PO BOX 255		Amount of Each Disbursement this Period 500.00
City KINDERHOOK	State NY	
Zip Code 12106	Purpose of Disbursement STIPEND	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type	<b>Transaction ID : SB17.21359</b>
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>C. CAPITOL HILL CLUB</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 15 / 2015
Mailing Address 300 1ST STREET SE		Amount of Each Disbursement this Period 166.07
City WASHINGTON	State DC	
Zip Code 20003	Purpose of Disbursement AMEX 01/04 PAYMENT: MEETING EXPENSE: MEALS	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/ Type	<b>Transaction ID : SB17.21429</b>
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1000.00
<b>TOTAL</b> 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 13 OF 30	
	<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)  
**CHRIS GIBSON FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. CAPITOL HILL CLUB</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 15 / 2016
Mailing Address 300 1ST STREET SE		Amount of Each Disbursement this Period 161.77
City WASHINGTON State DC Zip Code 20003	Purpose of Disbursement AMEX 02/01 PAYMENT: CATERING SERVICES	
Candidate Name	Category/Type	<input checked="" type="checkbox"/> Memo Item
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)	<b>Transaction ID : SB17.21411</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>B. CAPITOL HILL CLUB</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 16 / 2016
Mailing Address 300 1ST STREET SE		Amount of Each Disbursement this Period 85.00
City WASHINGTON State DC Zip Code 20003	Purpose of Disbursement AMEX 03/03 PAYMENT: MEETING EXPENSE: MEALS	
Candidate Name	Category/Type	<input checked="" type="checkbox"/> Memo Item
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)	<b>Transaction ID : SB17.21363</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>C. CITGO</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 06 / 2016
Mailing Address P.O. BOX 4689		Amount of Each Disbursement this Period 31.23
City HOUSTON State TX Zip Code 77210	Purpose of Disbursement AMEX 03/03 PAYMENT: TRAVEL: FUEL	
Candidate Name	Category/Type	<input checked="" type="checkbox"/> Memo Item
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)	<b>Transaction ID : SB17.21366</b>
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> 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 14 OF 30	
	<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)  
**CHRIS GIBSON FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. CONGRESSIONAL INSTITUTE, INC.</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 01 / 2015
Mailing Address 1700 DIAGONAL ROAD SUITE 730		Amount of Each Disbursement this Period 1370.00
City ALEXANDRIA State VA Zip Code 22314-2843	Purpose of Disbursement AMEX 01/04 PAYMENT: EVENT REGISTRATION FEE	
Candidate Name	Category/Type	<input checked="" type="checkbox"/> Memo Item
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)	<b>Transaction ID : SB17.21442</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>B. CORKBUZZ</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 03 / 2015
Mailing Address 13 E. 13TH STREET		Amount of Each Disbursement this Period 46.81
City NEW YORK State NY Zip Code 10003	Purpose of Disbursement AMEX 01/04 PAYMENT: MEETING EXPENSE: MEALS	
Candidate Name	Category/Type	<input checked="" type="checkbox"/> Memo Item
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)	<b>Transaction ID : SB17.21438</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>C. DUNKIN DONUTS</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 18 / 2015
Mailing Address 5194 W TAFT ROAD		Amount of Each Disbursement this Period 2.15
City NORTH SYRACUSE State NY Zip Code 13212	Purpose of Disbursement AMEX 02/01 PAYMENT: TRAVEL: FOOD	
Candidate Name	Category/Type	<input checked="" type="checkbox"/> Memo Item
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)	<b>Transaction ID : SB17.21422</b>
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> 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 15 OF 30			
	<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)  
**CHRIS GIBSON FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. DUNKIN DONUTS</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 18 / 2015
Mailing Address 5194 W TAFT ROAD		Amount of Each Disbursement this Period 4.57
City NORTH SYRACUSE State NY Zip Code 13212	Purpose of Disbursement AMEX 02/01 PAYMENT: TRAVEL: FOOD	
Candidate Name	Category/Type	<input checked="" type="checkbox"/> Memo Item
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)	<b>Transaction ID : SB17.21423</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>B. EPAY BUSINESS SOLUTIONS INC.</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 01 / 2016
Mailing Address 27A MIDSTATE DRIVE		Amount of Each Disbursement this Period 50.00
City AUBURN State MA Zip Code 01501	Purpose of Disbursement STIPEND PROCESSING FEES	
Candidate Name	Category/Type	<input type="checkbox"/> Memo Item
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)	<b>Transaction ID : SB17.21346</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>C. EPAY BUSINESS SOLUTIONS INC.</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 29 / 2016
Mailing Address 27A MIDSTATE DRIVE		Amount of Each Disbursement this Period 50.00
City AUBURN State MA Zip Code 01501	Purpose of Disbursement STIPEND PROCESSING FEES	
Candidate Name	Category/Type	<input type="checkbox"/> Memo Item
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)	<b>Transaction ID : SB17.21347</b>
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	100.00
<b>TOTAL</b> 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 16 OF 30			
	<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)  
**CHRIS GIBSON FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. EPAY BUSINESS SOLUTIONS INC.</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2016		
Mailing Address 27A MIDSTATE DRIVE			Amount of Each Disbursement this Period 50.00		
City AUBURN	State MA	Zip Code 01501	Memo Item <input type="checkbox"/>		
Purpose of Disbursement STIPEND PROCESSING FEES		Category/ Type	Transaction ID : <b>SB17.21348</b>		
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>B. EXXON MOBIL</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 24 / 2015		
Mailing Address 811 ROUTE 66			Amount of Each Disbursement this Period 29.23		
City HUDSON	State NY	Zip Code 12534	Memo Item <input checked="" type="checkbox"/>		
Purpose of Disbursement AMEX 01/04 PAYMENT: TRAVEL: FUEL		Category/ Type	Transaction ID : <b>SB17.21444</b>		
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>C. EXXON MOBIL</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 28 / 2015		
Mailing Address 811 ROUTE 66			Amount of Each Disbursement this Period 32.23		
City HUDSON	State NY	Zip Code 12534	Memo Item <input checked="" type="checkbox"/>		
Purpose of Disbursement AMEX 02/01 PAYMENT: TRAVEL: FUEL		Category/ Type	Transaction ID : <b>SB17.21415</b>		
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:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	50.00
<b>TOTAL</b> 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 17 OF 30	
	<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)  
**CHRIS GIBSON FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. EXXON MOBIL</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 21 / 2016
Mailing Address 811 ROUTE 66		Amount of Each Disbursement this Period 28.23
City HUDSON State NY Zip Code 12534	Purpose of Disbursement AMEX 03/03 PAYMENT: TRAVEL: FUEL	
Candidate Name	Category/Type	<input checked="" type="checkbox"/> Memo Item
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)	<b>Transaction ID : SB17.21400</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>B. EXXON MOBIL</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 30 / 2016
Mailing Address 811 ROUTE 66		Amount of Each Disbursement this Period 28.50
City HUDSON State NY Zip Code 12534	Purpose of Disbursement AMEX 03/03 PAYMENT: TRAVEL: FUEL	
Candidate Name	Category/Type	<input checked="" type="checkbox"/> Memo Item
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)	<b>Transaction ID : SB17.21379</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>C. EXXON MOBIL</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 05 / 2016
Mailing Address 811 ROUTE 66		Amount of Each Disbursement this Period 19.23
City HUDSON State NY Zip Code 12534	Purpose of Disbursement AMEX 03/03 PAYMENT: TRAVEL: FUEL	
Candidate Name	Category/Type	<input checked="" type="checkbox"/> Memo Item
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)	<b>Transaction ID : SB17.21367</b>
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> 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 18 OF 30			
	<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)  
**CHRIS GIBSON FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. EXXON MOBIL</b>			Date of Disbursement M M / D D / Y Y Y Y 02 / 05 / 2016		
Mailing Address 811 ROUTE 66			Amount of Each Disbursement this Period 19.59		
City HUDSON	State NY	Zip Code 12534	<input type="checkbox"/> Memo Item <b>Transaction ID : SB17.21368</b>		
Purpose of Disbursement AMEX 03/03 PAYMENT: TRAVEL: FUEL		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>B. EXXON MOBIL</b>			Date of Disbursement M M / D D / Y Y Y Y 02 / 13 / 2016		
Mailing Address 811 ROUTE 66			Amount of Each Disbursement this Period 22.00		
City HUDSON	State NY	Zip Code 12534	<input checked="" type="checkbox"/> Memo Item <b>Transaction ID : SB17.21364</b>		
Purpose of Disbursement AMEX 03/03 PAYMENT: TRAVEL: FUEL		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>C. FRANK GUIDO'S LITTLE ITALY</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 21 / 2015		
Mailing Address 14 THOMAS STREET			Amount of Each Disbursement this Period 1086.25		
City KINGSTON	State NY	Zip Code 12401	<input checked="" type="checkbox"/> Memo Item <b>Transaction ID : SB17.21421</b>		
Purpose of Disbursement AMEX 02/01 PAYMENT: CATERING SERVICES		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:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> 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 19 OF 30	
	<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)  
**CHRIS GIBSON FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. GOOGLE</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 02 / 2015
Mailing Address 1600 AMPHITHEATRE PARKWAY		Amount of Each Disbursement this Period 55.00
City MOUNTAIN VIEW State CA Zip Code 94043	Purpose of Disbursement AMEX 01/04 PAYMENT: WEB HOSTING	
Candidate Name	Category/Type	<input checked="" type="checkbox"/> Memo Item
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)	<b>Transaction ID : SB17.21440</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>B. GOOGLE</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 02 / 2016
Mailing Address 1600 AMPHITHEATRE PARKWAY		Amount of Each Disbursement this Period 55.00
City MOUNTAIN VIEW State CA Zip Code 94043	Purpose of Disbursement AMEX 02/01 PAYMENT: WEB HOSTING	
Candidate Name	Category/Type	<input checked="" type="checkbox"/> Memo Item
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)	<b>Transaction ID : SB17.21414</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>C. GOOGLE</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 03 / 2016
Mailing Address 1600 AMPHITHEATRE PARKWAY		Amount of Each Disbursement this Period 55.00
City MOUNTAIN VIEW State CA Zip Code 94043	Purpose of Disbursement AMEX 03/03 PAYMENT: WEB HOSTING	
Candidate Name	Category/Type	<input checked="" type="checkbox"/> Memo Item
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)	<b>Transaction ID : SB17.21373</b>
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> 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 20 OF 30	
	<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)  
**CHRIS GIBSON FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. GULF</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 23 / 2015
Mailing Address 100 CROSSING BOULEVARD		Amount of Each Disbursement this Period 29.23
City FRAMINGHAM	State MA	
Zip Code 01702	Purpose of Disbursement AMEX 02/01 PAYMENT: TRAVEL: FUEL	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/ Type	<b>Transaction ID : SB17.21420</b>
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>B. HILL COUNTRY BARBECUE MARKET</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 13 / 2016
Mailing Address 410 7TH STREET NW		Amount of Each Disbursement this Period 376.20
City WASHINGTON	State DC	
Zip Code 02000	Purpose of Disbursement AMEX 02/01 PAYMENT: CATERING SERVICES	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/ Type	<b>Transaction ID : SB17.21413</b>
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>C. HILTON</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 19 / 2016
Mailing Address 7390 JONES BRANCH DRIVE		Amount of Each Disbursement this Period 174.48
City MCLEAN	State VA	
Zip Code 22102	Purpose of Disbursement AMEX 03/03 PAYMENT: TRAVEL: LODGING	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/ Type	<b>Transaction ID : SB17.21407</b>
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> 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 21 OF 30	
	<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)  
**CHRIS GIBSON FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. HOUSE GIFT SHOP</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 07 / 2015
Mailing Address LONGWORTH BASEMENT		Amount of Each Disbursement this Period 210.00
City WASHINGTON State DC Zip Code 20515-0001	Purpose of Disbursement AMEX 01/04 PAYMENT: HOLIDAY GIFTS	
Candidate Name	Category/Type	<input checked="" type="checkbox"/> Memo Item
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)	<b>Transaction ID : SB17.21433</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>B. HOUSE GIFT SHOP</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 08 / 2015
Mailing Address LONGWORTH BASEMENT		Amount of Each Disbursement this Period 60.00
City WASHINGTON State DC Zip Code 20515-0001	Purpose of Disbursement AMEX 01/04 PAYMENT: HOLIDAY GIFTS	
Candidate Name	Category/Type	<input checked="" type="checkbox"/> Memo Item
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)	<b>Transaction ID : SB17.21432</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>C. HOUSE GIFT SHOP</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 17 / 2015
Mailing Address LONGWORTH BASEMENT		Amount of Each Disbursement this Period 90.00
City WASHINGTON State DC Zip Code 20515-0001	Purpose of Disbursement AMEX 01/04 PAYMENT: HOLIDAY GIFTS	
Candidate Name	Category/Type	<input checked="" type="checkbox"/> Memo Item
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)	<b>Transaction ID : SB17.21427</b>
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> 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 22 OF 30	
	<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)  
**CHRIS GIBSON FOR CONGRESS**

**A. KWIK FILL**

Full Name (Last, First, Middle Initial)  
Mailing Address 814 LEXINGTON AVENUE  
P.O. BOX 599

City WARREN State PA Zip Code 16365

Purpose of Disbursement AMEX 03/03 PAYMENT: TRAVEL: FUEL

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify)

State: District:

Date of Disbursement: 02 / 05 / 2016

Amount of Each Disbursement this Period: 10.96

Memo Item

Transaction ID : SB17.21370

**B. KWIK FILL**

Full Name (Last, First, Middle Initial)  
Mailing Address 814 LEXINGTON AVENUE  
P.O. BOX 599

City WARREN State PA Zip Code 16365

Purpose of Disbursement AMEX 03/03 PAYMENT: TRAVEL: FUEL

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify)

State: District:

Date of Disbursement: 02 / 05 / 2016

Amount of Each Disbursement this Period: 28.23

Memo Item

Transaction ID : SB17.21371

**C. MARRIOTT**

Full Name (Last, First, Middle Initial)  
Mailing Address 700 ALICEANNA STREET

City BALTIMORE State MD Zip Code 21202

Purpose of Disbursement AMEX 02/01 PAYMENT: TRAVEL: LODGING

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify)

State: District:

Date of Disbursement: 01 / 16 / 2016

Amount of Each Disbursement this Period: 95.91

Memo Item

Transaction ID : SB17.21410

**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 23 OF 30	
	<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)  
**CHRIS GIBSON FOR CONGRESS**

**A. MTA**

Full Name (Last, First, Middle Initial)  
Mailing Address 2 BROADWAY

City NEW YORK State NY Zip Code 10004

Purpose of Disbursement  
AMEX 03/03 PAYMENT: TRAVEL: RAIL

Candidate Name

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

State: District:

Date of Disbursement  
M M / D D / Y Y Y Y  
01 / 22 / 2016

Amount of Each Disbursement this Period  
11.00

Memo Item

Transaction ID : SB17.21395

**B. NATIONBUILDER**

Full Name (Last, First, Middle Initial)  
Mailing Address 520 S GRAND AVENUE

City LOS ANGELES State CA Zip Code 90071

Purpose of Disbursement  
AMEX 01/04 PAYMENT: WEB HOSTING

Candidate Name

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

State: District:

Date of Disbursement  
M M / D D / Y Y Y Y  
11 / 28 / 2015

Amount of Each Disbursement this Period  
108.00

Memo Item

Transaction ID : SB17.21443

**C. NATIONBUILDER**

Full Name (Last, First, Middle Initial)  
Mailing Address 520 S GRAND AVENUE

City LOS ANGELES State CA Zip Code 90071

Purpose of Disbursement  
AMEX 02/01 PAYMENT: WEB HOSTING

Candidate Name

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

State: District:

Date of Disbursement  
M M / D D / Y Y Y Y  
12 / 28 / 2015

Amount of Each Disbursement this Period  
108.00

Memo Item

Transaction ID : SB17.21416

**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 24 OF 30	
	<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)  
**CHRIS GIBSON FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. NATIONBUILDER</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 28 / 2016	
Mailing Address 520 S GRAND AVENUE			Amount of Each Disbursement this Period 108.00	
City LOS ANGELES	State CA	Zip Code 90071	<input checked="" type="checkbox"/> Memo Item <b>Transaction ID : SB17.21386</b>	
Purpose of Disbursement AMEX 03/03 PAYMENT: WEB HOSTING		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>B. NYC-TAXI</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 22 / 2016	
Mailing Address 3703 21ST STREET			Amount of Each Disbursement this Period 9.12	
City LONG ISLAND CITY	State NY	Zip Code 11101	<input checked="" type="checkbox"/> Memo Item <b>Transaction ID : SB17.21397</b>	
Purpose of Disbursement AMEX 03/03 PAYMENT: TRAVEL: GROUND TRANSPORTATION		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>C. REEL SEAFOOD CO.</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 27 / 2016	
Mailing Address 195 WOLF ROAD			Amount of Each Disbursement this Period 331.45	
City ALBANY	State NY	Zip Code 12205	<input checked="" type="checkbox"/> Memo Item <b>Transaction ID : SB17.21390</b>	
Purpose of Disbursement AMEX 03/03 PAYMENT: MEETING EXPENSE: MEALS		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:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> 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 25 OF 30	
	<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)  
**CHRIS GIBSON FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. STARBUCKS</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 22 / 2016
Mailing Address 1 PENNSYLVANIA PLAZA		Amount of Each Disbursement this Period 8.42
City NEW YORK	State NY	
Zip Code 10119	Purpose of Disbursement AMEX 03/03 PAYMENT: TRAVEL: FOOD	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/Type	<b>Transaction ID : SB17.21398</b>
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>B. TELEFLORA</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 29 / 2016
Mailing Address 11444 WEST OLYMPIC BOULEVARD, 4TH		Amount of Each Disbursement this Period 71.28
City LOS ANGELES	State CA	
Zip Code 90064	Purpose of Disbursement AMEX 03/03 PAYMENT: FLORAL EXPENSE	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/Type	<b>Transaction ID : SB17.21381</b>
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>C. TOPS FUEL</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 18 / 2015
Mailing Address 3803 BREWERTON ROAD		Amount of Each Disbursement this Period 29.23
City NORTH SYRACUSE	State NY	
Zip Code 13212	Purpose of Disbursement AMEX 02/01 PAYMENT: TRAVEL: FUEL	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/Type	<b>Transaction ID : SB17.21425</b>
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> 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 26 OF 30	
	<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)  
**CHRIS GIBSON FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. UNITED AIRLINES</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 27 / 2016
Mailing Address 233 SOUTH WACKER DRIVE		Amount of Each Disbursement this Period 71.10
City CHICAGO State IL Zip Code 60606	Purpose of Disbursement AMEX 03/03 PAYMENT: TRAVEL: AIR	
Candidate Name		<input checked="" type="checkbox"/> Memo Item
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)	<b>Transaction ID : SB17.21391</b>
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. UNITED AIRLINES</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 27 / 2016
Mailing Address 233 SOUTH WACKER DRIVE		Amount of Each Disbursement this Period 71.10
City CHICAGO State IL Zip Code 60606	Purpose of Disbursement AMEX 03/03 PAYMENT: TRAVEL: AIR	
Candidate Name		<input checked="" type="checkbox"/> Memo Item
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)	<b>Transaction ID : SB17.21392</b>
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>C. USPS</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 29 / 2016
Mailing Address 475 L'ENFANT PLAZA SW		Amount of Each Disbursement this Period 60.00
City WASHINGTON State DC Zip Code 20260	Purpose of Disbursement AMEX 03/03 PAYMENT: DELIVERY SERVICES	
Candidate Name		<input checked="" type="checkbox"/> Memo Item
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)	<b>Transaction ID : SB17.21385</b>
State: District:	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> 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 27 OF 30	
	<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)  
**CHRIS GIBSON FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. VERIZON WIRELESS</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 02 / 2015
Mailing Address 1 VERIZON WAY		Amount of Each Disbursement this Period 31.71
City BASKING RIDGE	State NJ Zip Code 07920	
Purpose of Disbursement AMEX 01/04 PAYMENT: MOBILE PHONE EXPENSE		<input checked="" type="checkbox"/> Memo Item
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)	<b>Transaction ID : SB17.21441</b>
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. VERIZON WIRELESS</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 17 / 2015
Mailing Address 1 VERIZON WAY		Amount of Each Disbursement this Period 182.37
City BASKING RIDGE	State NJ Zip Code 07920	
Purpose of Disbursement AMEX 01/04 PAYMENT: MOBILE PHONE EXPENSE		<input checked="" type="checkbox"/> Memo Item
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)	<b>Transaction ID : SB17.21428</b>
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>C. VERIZON WIRELESS</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 01 / 2016
Mailing Address 1 VERIZON WAY		Amount of Each Disbursement this Period 200.00
City BASKING RIDGE	State NJ Zip Code 07920	
Purpose of Disbursement AMEX 03/03 PAYMENT: MOBILE PHONE EXPENSE		<input checked="" type="checkbox"/> Memo Item
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)	<b>Transaction ID : SB17.21378</b>
State: District:	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> 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 28 OF 30	
	<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)  
**CHRIS GIBSON FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. WOLF'S 1-11</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 28 / 2015
Mailing Address 111 WOLF ROAD		Amount of Each Disbursement this Period 133.15
City COLONIE State NY Zip Code 12205	Purpose of Disbursement AMEX 02/01 PAYMENT: MEETING EXPENSE: MEALS	
Candidate Name	Category/Type	<input checked="" type="checkbox"/> Memo Item
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)	<b>Transaction ID : SB17.21418</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>B. YELLOW CAB</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 03 / 2015
Mailing Address 2205 43RD AVENUE		Amount of Each Disbursement this Period 21.19
City LONG ISLAND CITY State NY Zip Code 11101	Purpose of Disbursement AMEX 01/04 PAYMENT: TRAVEL: GROUND TRANSPORTATION	
Candidate Name	Category/Type	<input checked="" type="checkbox"/> Memo Item
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)	<b>Transaction ID : SB17.21439</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>C. YELLOW CAB</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 07 / 2015
Mailing Address 2205 43RD AVENUE		Amount of Each Disbursement this Period 26.77
City LONG ISLAND CITY State NY Zip Code 11101	Purpose of Disbursement AMEX 01/04 PAYMENT: TRAVEL: GROUND TRANSPORTATION	
Candidate Name	Category/Type	<input checked="" type="checkbox"/> Memo Item
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)	<b>Transaction ID : SB17.21435</b>
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	9034.45

**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 29 OF 30	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input checked="" type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**CHRIS GIBSON FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. NASSAU COUNTY REPUBLICAN COMMITTEE</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 07 / 2016
Mailing Address 7 BLUE SPRUCE LANE		Amount of Each Disbursement this Period 1000.00
City LEVITTOWN	State NY Zip Code 11751	
Purpose of Disbursement CONTRIBUTION	Category/Type	<input type="checkbox"/> Memo Item
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>Transaction ID : SB21.21352</b>
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>B. NEW PALTZ FIRE DEPARTMENT</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 07 / 2016
Mailing Address PO BOX 841		Amount of Each Disbursement this Period 500.00
City NEW PALTZ	State NY Zip Code 12561	
Purpose of Disbursement CHARITABLE CONTRIBUTION	Category/Type	<input type="checkbox"/> Memo Item
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>Transaction ID : SB21.21354</b>
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>C. NEW YORK STATE CONSERVATIVE PARTY</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 07 / 2016
Mailing Address 486 78TH STREET		Amount of Each Disbursement this Period 500.00
City BROOKLYN	State NY Zip Code 11209	
Purpose of Disbursement CONTRIBUTION	Category/Type	<input type="checkbox"/> Memo Item
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>Transaction ID : SB21.21356</b>
State: District:	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2000.00
<b>TOTAL</b> 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 30 OF 30	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input checked="" type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**CHRIS GIBSON FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. NY REPUBLICAN FEDERAL CAMPAIGN COMMITTEE</b>			Date of Disbursement M M / D D / Y Y Y Y 02 / 29 / 2016	
Mailing Address 315 STATE STREET			Amount of Each Disbursement this Period 2500.00	
City ALBANY	State NY	Zip Code 12210	<input type="checkbox"/> Memo Item	
Purpose of Disbursement TRANSFER		Candidate Name	Transaction ID : <b>SB21.21361</b>	
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		

Full Name (Last, First, Middle Initial) <b>B.</b>			Date of Disbursement M M / D D / Y Y Y Y	
Mailing Address			Amount of Each Disbursement this Period	
City	State	Zip Code	<input type="checkbox"/> Memo Item	
Purpose of Disbursement		Candidate Name	Transaction ID :	
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:	Category/Type		

Full Name (Last, First, Middle Initial) <b>C.</b>			Date of Disbursement M M / D D / Y Y Y Y	
Mailing Address			Amount of Each Disbursement this Period	
City	State	Zip Code	<input type="checkbox"/> Memo Item	
Purpose of Disbursement		Candidate Name	Transaction ID :	
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:	Category/Type		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2500.00
<b>TOTAL</b> This Period (last page this line number only).....	4500.00