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Office Use Only

FEC FORM 3P

REPORT OF RECEIPTS AND DISBURSEMENTS

BY AN AUTHORIZED COMMITTEE OF A CANDIDATE FOR THE OFFICE OF PRESIDENT OR VICE PRESIDENT

1. **NAME OF COMMITTEE** (in full, type or print) Example: If typing, type over the lines. 12FE4M5

Chad Boisselle for US President

PO Box 283 Federal Road

ADDRESS (number and street))

☐ Check if different than previously reported. (ACC

Parsonsfield | ME | 04047-

CITY | STATE | ZIP CODE

2. **FEC IDENTIFICATION NUMBER** ▶ C00984772

Candidate ID P60007838

3. **THIS REPORT IS FOR** Primary ☐ or General ☒

4. **TYPE OF REPORT** *(Choose One)* Check here if this is a Termination Report (TER) ☐

Quarterly Reports:

☐ April 15 (Q1) ☐ October 15 (Q3)

☒ July 15 (Q2) ☐ January 31 Year-End Report (YE)

Monthly Reports:

☐ Feb 20 (M2) ☐ May 20 (M5) ☐ Aug 20 (M8) ☐ Nov 20 (M11)

☐ Mar 20 (M3) ☐ Jun 20 (M6) ☐ Sep 20 (M9) ☐ Dec 20 (M12)

☐ Apr 20 (M4) ☐ Jul 20 (M7) ☐ Oct 20 (M10)) ☐ Jan 31 (YE)

☐ Thirtieth day report following the General Election on MM / DD / YYYY

☐ Twelfth day report preceding _____ election on MM / DD / YYYY in the State of ____

Is this Report an Amendment? ☐ yes ☐ no

5. Covering Period 04 / 01 / 2015 through 06 / 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 Chad Boisselle

Signature of Treasurer _____ Date 07 / 09 / 2015

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. §30109. All previous versions of this form are obsolete and should no longer be used.

Office Use Only							

201507160300092772

Write or Type Committee Name

Chad Boisselle for US President

Report Covering the Period: From: 04 / 01 / 2015 To: 06 / 30 / 2015

SUMMARY

6. CASH ON HAND AT BEGINNING OF REPORTING PERIOD	0.00
7. TOTAL RECEIPTS THIS PERIOD (From Line 22, Column A, Page 3)	24700
8. SUBTOTAL (Lines 6 and 7)	24700
9. TOTAL DISBURSEMENTS THIS PERIOD (From Line 30, Column A, Page 2)	23661
10. CASH ON HAND AT CLOSE OF THE REPORTING PERIOD (Subtract Line 9 from 8	939
11. DEBTS AND OBLIGATIONS OWED TO THE COMMITTEE (Itemize All on Schedule C-P or Schedule D-P)	0.00
12. DEBTS AND OBLIGATIONS OWED BY THE COMMITTEE (Itemize All on Schedule C-P or Schedule D-P)	0.00
13. EXPENDITURES SUBJECT TO LIMIITATION	0.00

NET ELECTION CYCLE-TO-DATE CONTRIBUTIONS AND EXPENDITURES

14. NET CONTRIBUTIONS (Other than Loans) (Subtract Line 28d, Column B from 17e, Column B, Page 2)	24700
15. NET OPERATING EXPENDITURES (Subtract Line 20a, Column B from 23, Column B, Page 2)	23661

2015071603000092743

DETAILED SUMMARY PAGE
of Receipts

FEC **Form 3P** (Rev. 03/2011)

NAME OF COMMITEE (in Full)

Chad Boisselle for US President

Report Covering the Period: From: 04 / 01 / 2015 To: 06 / 30 / 2015

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
16. FEDERAL FUNDS (Itemize on Schedule A-P)	000	000
17. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) itemized	000	000
(ii) unitemized	000	000
(iii) Total contributions	000	000
(b) Political Party Committees	000	000
(c) Other Political Committees	000	000
(d) The Candidate	24700	24700
(e) TOTAL CONTRIBUTIONS (other than loans) (Add 17(a), 17(b), 17(c) and 17(d))	24700	24700
18. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	000	000
19. LOANS RECEIVED:		
(a) Loans Received From or Guaranteed by Candidate	000	000
(b) Other Loans	000	000
(c) TOTAL LOANS (Add 19(a) and 19(b)	000	000
20. OFFSETS TO EXPENDITURES (Refunds,Rebates, etc.):		
(a) Operating	000	000
(b) Fundraising	000	000
(c) Legal and Accounting	000	000
(d) TOTAL OFFSETS TO EXPENDITURES (Add 20(a), 20(b) and 20(c))	000	000
21. OTHER RECEIPTS (Dividends, Interest, etc.)	000	000
22. TOTAL RECEIPTS (Add 16, 17(e), 18, 19(c), 20(d) and 21)	24700	24700

2015-07-16-03-00009274

DETAILED SUMMARY PAGE

FEC **Form 3P** (Rev. 03/2011) of Disbursements and Contributed Items

NAME OF COMMITEE (in Full)
Chad Boisselle for US President

Report Covering the Period: From: 04 / 01 / 2015 To: 06 / 30 / 2015

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
23. OPERATING EXPENDITURES	236.61	236.61
24. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
25. FUNDRAISING DISBURSEMENTS	0.00	0.00
26. EXEMPT LEGAL AND ACCOUNTING DISBURSEMENTS	0.00	0.00
27. LOAN REPAYMENTS MADE:		
(a) Repayments of Loans made or Guaranteed by Candidate	0.00	0.00
(b) Other Repayments	0.00	0.00
(c) TOTAL LOAN REPAYMENTS MADE (Add 27(a) and 27(b))	0.00	0.00
28. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (Add 28(a), 28(b) and 28(c))	0.00	0.00
29 OTHER DISBURSEMENTS	0.00	0.00
30. TOTAL DISBURSEMENTS (Add 23, 24, 25, 26, 27(c), 28(d) and 29)	236.61	236.61

III. CONTRIBUTED ITEMS (Stock, Art Objects, Etc.)		
31. ITEMS ON HAND TO BE LIQUIDATED (Attach List)	0.00	0.00

2015071603000092775

FEC FORM 3P, Page 5
Federal Election Commission
999 E Street, N.W.
Washington, D.C. 20463

ALLOCATION OF PRIMARY EXPENDITURES BY STATE FOR A PRESIDENTIAL CANDIDATE

(Used Only by Primary Committees Receiving or Expecting To Receive Federal Funds)

Office Use Only

1. NAME OF COMMITTEE (in full, type or print) Chad Boisselle for US President

2. FEC IDENTIFICATION NUMBER C 1 0 0 9 8 4 7

ADDRESS (number and street) PO Box 283 Federal Road

CITY Parsonsfield STATE ME ZIP CODE 04047-

3. NAME OF CANDIDATE Chad Boisselle

ALLOCATION BY STATE

STATE	ALLOCATION This Period	TOTAL ALLOCATION To Date
Alabama		
Alaska		
Arizona		
Arkansas		
California		
Colorado		
Connecticut		
Delaware		
District of Columbia		
Florida		
Georgia		
Hawaii		
Idaho		
Illinois		

2015-07-16-03-00009276

STATE	ALLOCATION This Period	TOTAL ALLOCATION To Date
Indiana		
Iowa		
Kansas		
Kentucky		
Louisiana		
Maine		
Maryland		
Massachusetts		
Michigan		
Minnesota		
Mississippi		
Missouri		
Montana		
Nebraska		
Nevada		
New Hampshire		
New Jersey		
New Mexico		
New York		
North Carolina		
North Dakota		
Ohio		
Oklahoma		
Oregon		
Pennsylvania		

2015071605000027

STATE	ALLOCATION This Period	TOTAL ALLOCATION To Date
Rhode Island		
South Carolina		
South Dakota		
Tennessee		
Texas		
Utah		
Vermont		
Virginia		
Washington		
West Virginia		
Wisconsin		
Wyoming		
Puerto Rico		
Guam		
Virgin Islands		
TOTALS		

2015071603000928

EXPENDITURES SUBJECT TO LIMIT

FEC **Form 3P** (Used Only by Primary Committees Receiving or Expecting To Receive Federal Funds)

NAME OF COMMITEE (in Full)
Chad Boisselle for US President

Report Covering the Period: From: 04 / 01 / 2015 To: 06 / 30 / 2015

A.	OPERATING EXPENDITURES (Line 23, Column B)	
B.	OPERATING OFFSETS Line 20a, Column B)	
C.	**CURRENT YEAR NET OPERATING EXPENDITURES** (Subtract Line B from A)	▶
D.	PRIOR YEAR(S) OPERATING EXPENDITURES	
E.	PRIOR YEAR(S) OPERATING OFFSETS	
F.	**PRIOR YEAR(S) NET OPERATING EXPENDITURES** (Subtract Line E from D)	▶
G.	FUNDRAISING DISBURSEMENTS (Line 25, Column B)	
H.	OFFSETS TO FUNDRAISING DISBURSEMENTS (Line 20b, Column B)	
I.	CURRENT YEAR NET FUNDRAISING DISBURSEMENTS (Subtract Line H from G)	
J.	PRIOR YEAR(S) FUNDRAISING DISBURSEMENTS	
K.	PRIOR YEAR(S) FUNDRAISING DISBURSEMENTS OFFSETS	
L.	PRIOR YEAR(S) NET FUNDRAISING DISBURSEMENTS (Subtract Line K from J)	
M.	TOTAL NET FUNDRAISING DISBURSEMENTS (Add Lines I and L)	
N.	20% EXEMPTION (20% of Overall Expenditure Limit)	
O.	**TOTAL FUNDRAISING DISBURSEMENTS SUBJECT TO LIMIT** (Subtract Line N from M)	▶
P.	**TOTAL EXPENDITURES SUBJECT TO LIMITATION** (Add Lines C, F and O)	▶

201507160300009279

SCHEDULE A-P
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☐ 16 ☐ 17a ☐ 17b ☐ 17c ☐ 17d ☐ 18
☐ 19a ☐ 19b ☐ 20a ☐ 20b ☐ 20c ☐ 21

PAGE OF

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)
Chad Boisselle for US President

A. 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 / D D / Y Y Y Y

Amount of Each Receipt this Period

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 / D D / 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 / D D / 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) ▶

201507160300092780

SCHEDULE B–P
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
☐ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

PAGE OF

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)
Chad Boisselle for US President

A.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/Type

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: ☐ Primary ☐ General ☐ Other (specify) ▼

Date of Disbursement M M / D D / Y Y Y Y

Amount of Each Disbursement this Period

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/Type

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: ☐ Primary ☐ General ☐ Other (specify) ▼

Date of Disbursement M M / D D / Y Y Y Y

Amount of Each Disbursement this Period

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/Type

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: ☐ Primary ☐ General ☐ Other (specify) ▼

Date of Disbursement M M / D D / Y Y Y Y

Amount of Each Disbursement this Period

Subtotal Of Receipts This Page (optional) ▶

Total This Period (last page this line number only)) ▶

201507160300092821

SCHEDULE C–P
LOANS

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

PAGE OF

FOR LINE NUMBER: (check only one) ☐ 19a ☐ 19b

NAME OF COMMITTEE (In Full)
Chad Boisselle for US President

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

Mailing Address

City State ZIP Code

Election:
☐ Primary
☐ General
☐ Other (specify) ▼

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

TERMS

Date Incurred M M / D D / Y Y Y Y | Date Due M M / D D / Y Y Y Y | Interest Rate % (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:

Subtotal Of Receipts This Page (optional) ▶

Total This Period (last page this line number only) ▶

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

201507160300002282

Schedule C-P-1
Federal Election Commission
999 E Street, N.W.
Washington, D.C. 20463

LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS

Supplementary from Information found on Page ___ of Schedule C-P

NAME OF COMMITTEE (in full, type or print)

Chad Boisselle for US President

FEC IDENTIFICATION NUMBER C1009847

FULL NAME, MAILING ADDRESS AND ZIP CODE OF LENDING INSTITUTION (LENDER)

CITY STATE ZIP CODE

AMOUNT OF LOAN **INTEREST RATE (APR)** %

DATE INCURRED OR ESTABLISHED MM / DD / YYYY **DATE DUE** MM / DD / YYYY

A. Has loan been restructured? ☐ No ☐ Yes If yes, date orignially incurred: MM / DD / YYYY

B. If line of credit: Amount of this draw Total outstanding balance

C. Are other parties secondarily liable for the debt incurred? ☐ No ☐ Yes (Endorsers and guarantors must be reported on Schedule C-P.)

D. Are **ANY** of the following pledged as collateral for the loan: real estate, personal property, goods, negotiable instruments, certificates of deposit, chattel papers, stocks, accounts receivable, cash on deposit, or other similar traditional collateral? ☐ No ☐ Yes

If yes, specify:

What is the value of this collateral: Does the lender have a perfected security interest in it? ☐ No ☐ Yes

E. Are any future contributions or future receipts of interest income, or future receipts of public financing pledged as collateral for this loan? ☐ No ☐ Yes

If yes, specify:

What is the estimated value?

A depository account must be established pursuant to 11 CFR 100.7(b)(11)(i)(B) and 100.8(b)(12)(i)(B). Date account established: MM / DD / YYYY

Location of account:

Date debtor authorized the Secretary of the U.S. Treasury to make direct deposits of public financing payments to the depository account: MM / DD / YYYY

F. If neither of the types of collateral described above was pledged for this loan, or if the amount pledged does not equal or exceed the loan amount, state the basis upon which this loan was made and demonstrate that it assures repayment.

201507160300092833

G. Type or Print Name of Committee Treasurer

Chad Boisselle

Signature of Treasurer _____ Date 07 / 09 / 2015

H. Attach a signed copy of the loan agreement.

I. TO BE SIGNED BY THE LENDING INSTITUTION:

1. To the best of this institution's knowledge, the terms of the loan and other information regarding the extension of the loan are accurate as stated above.
2. The loan was made on terms and conditions (including interest rate) no more favorable at the time that those imposed for similar extensions of credit to other borrowers of comparable credit worthiness.
3. This institution is aware of the requirement that a loan must be made on a basis which assures repayment, and has complied with the requirements set forth in 11 CFR 100.7(b)(11) and 100.8(b)(12) in making this loan.

Type or Print Name of Authorized Representative

Title

Signature of Authorized Representative _____ Date MM / DD / YYYY

2015-07-16-03-00009284

SCHEDULE D-P
DEBTS AND OBLIGATIONS (Excluding Loans)

(Use separate schedule(s) for each numbered line)

PAGE OF

FOR LINE NUMBER: (check only one) ☐ 11 ☐ 12

NAME OF COMMITTEE (In Full)
Chad Boisselle for US President

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Mailing Address

City State Zip Code

Nature of Debt (Purpose):

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Mailing Address

City State Zip Code

Nature of Debt (Purpose):

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Mailing Address

City State Zip Code

Nature of Debt (Purpose):

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) ▶

2) **TOTALS** This Period (last page this line number only) ▶

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ▶

4) **ADD 2)** and **3)** and carry forward to appropriate line of Summary Page (last page only) ▶

2015-07-16-03-00009285

Chad Boisselle
PO Box 283 Federal Rd.
Parsonsfield, ME 04047

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999 E Street, N.W.
Washington, D.C. 20463

Federal Election Commission
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The FEC added this page to the end of this filing to indicate how it was received.

☐ Hand Delivered		Date of Receipt
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☐ USPS Priority Mail Express		Postmarked
☐ Postmark Illegible		
☐ No Postmark		
☐ Overnight Delivery Service (Specify):		Shipping Date Next Business Day Delivery ☐
☐ Received from House Records & Registration Office		Date of Receipt
☐ Received from Senate Public Records Office		Date of Receipt
☐ Received from Electronic Filing Office		Date of Receipt
☐ Other (Specify):		Date of Receipt or Postmarked
PREPARER		7/16/15 DATE PREPARED

(3/2015)

201507160300002887