

# 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

Check if different than previously reported. (ACC) # 106-228

Rancho Cucamonga CA 91739-2574

CITY ▲

STATE ▲

ZIP CODE ▲

2. **FEC IDENTIFICATION NUMBER** ▼

C C00557884

3. IS THIS REPORT  NEW (N) **OR**  AMENDED (A)

STATE ▼ DISTRICT

CA 31

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

01 / 01 / 2017 through 03 / 31 / 2017

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 Lawler, Kelly, , ,

Signature of Treasurer Lawler, Kelly, , , [Electronically Filed] Date M M / D D / Y Y Y Y

04 / 14 / 2017

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. §30109.

Office Use Only								
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**SUMMARY PAGE**  
of Receipts and Disbursements

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name  
**Paul Chabot Congress**

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

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
<b>6. Net Contributions (other than loans)</b>		
(a) Total Contributions (other than loans) (from Line 11(e))....	1574.00	1766.00
(b) Total Contribution Refunds (from Line 20(d)) .....	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	1574.00	1766.00
<b>7. Net Operating Expenditures</b>		
(a) Total Operating Expenditures (from Line 17) .....	21.21	20723.11
(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)).....	21.21	20723.11
<b>8. Cash on Hand at Close of Reporting Period (from Line 27).....</b>	1449.08	
<b>9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	0.00	
<b>10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	75859.88	

**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 05/2016)

Write or Type Committee Name

**Paul Chabot Congress**

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

<b>I. RECEIPTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	500.00	500.00
(ii) Unitemized.....	74.00	266.00
(iii) TOTAL of contributions from individuals ▶	574.00	766.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	1000.00	1000.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	1574.00	1766.00
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....</b>	0.00	0.00
<b>13. LOANS:</b>		
(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
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....</b>	0.00	0.00
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.) .....</b>	150.87	650.87
<b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶</b>	1724.87	2416.87

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3 (Revised 05/2016)

PAGE 4 / 15

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	21.21	20723.11
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	2000.00	2000.00
(b) Of All Other Loans .....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	2000.00	2000.00
20. 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 (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS .....	0.00	0.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	2021.21	22723.11

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	1745.42
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	1724.87
25. SUBTOTAL (add Line 23 and Line 24).....	3470.29
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	2021.21
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	1449.08

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

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

FOR LINE NUMBER: PAGE 5 OF 15  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Paul Chabot Congress**

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

Mailing Address 535 W State Street  
Suite G

City Redlands State CA Zip Code 92373-4662

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

Name of Employer Patricia Hicks & Assoc Occupation Real Estate Broker

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
01 / 03 / 2017

Transaction ID : **A-8660**

Amount of Each Receipt this Period  
500.00

Memo Item  
 Debt Retirement

**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 Y Y

Amount of Each Receipt this Period

Memo Item

**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 Y Y

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	500.00

**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 6 OF 15	
	<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)  
**Paul Chabot Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Next Century Fund PAC**

Mailing Address 116 South Royal Street

City Alexandria	State VA	Zip Code 22314
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FEC ID number of contributing federal political committee. **C** C00343947

Name of Employer	Occupation
------------------	------------

Receipt For: 2014  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 08 / 2017

**Transaction ID : A-8677**

Amount of Each Receipt this Period  
 1000.00

Memo Item  
 Debt Retirement

**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 Y Y

Amount of Each Receipt this Period

Memo Item

**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 Y Y

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	1000.00

**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 15	
	<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) <b>A. Capital Campaigns Inc.</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 06 / 2017	
Mailing Address 38 Executive Park Suite 390			FEC Identification Number C	
City Irvine	State CA	Zip Code 92614-4730	Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement Fundraising Consulting		Category/ Type 001	Transaction ID : B-8681	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. Integrated Solution Political</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 06 / 2017	
Mailing Address 4142 Adams Avenue Suite 103-550			FEC Identification Number C	
City San Diego	State CA	Zip Code 92116	Amount of Each Disbursement this Period 350.00	
Purpose of Disbursement Software		Category/ Type 001	Transaction ID : B-8680	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>c. The KAL Group</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 16 / 2017	
Mailing Address PO Box 730			FEC Identification Number C	
City Hilmar	State CA	Zip Code 95324	Amount of Each Disbursement this Period 1972.75	
Purpose of Disbursement Bookkeeping		Category/ Type 001	Transaction ID : B-8690	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	3322.75
<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 15			
	<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. Campaign Solutions dba Edonation.com**

Full Name (Last, First, Middle Initial)  
Mailing Address 117 N Saint Asaph Street

City Alexandria State VA Zip Code 22314-3109

Purpose of Disbursement Merchant Fees Category/Type 001

Candidate Name

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

State: District:

Date of Disbursement 01 / 31 / 2017

FEC Identification Number C

Amount of Each Disbursement this Period 3.38

Transaction ID : B-8673

Memo Item

**B. Integrated Solution Political**

Full Name (Last, First, Middle Initial)  
Mailing Address 4142 Adams Avenue Suite 103-550

City San Diego State CA Zip Code 92116

Purpose of Disbursement Software Category/Type 001

Candidate Name

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

State: District:

Date of Disbursement 02 / 04 / 2017

FEC Identification Number C

Amount of Each Disbursement this Period 350.00

Transaction ID : B-8675

Memo Item

**c. Integrated Solution Political**

Full Name (Last, First, Middle Initial)  
Mailing Address 4142 Adams Avenue Suite 103-550

City San Diego State CA Zip Code 92116

Purpose of Disbursement Software Category/Type 001

Candidate Name

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

State: District:

Date of Disbursement 01 / 04 / 2017

FEC Identification Number C

Amount of Each Disbursement this Period 350.00

Transaction ID : B-8663

Memo Item

**SUBTOTAL** of Disbursements This Page (optional).....▶ 703.38

**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 9 OF 15	
	<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) <b>A. Cardmember Service</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 06 / 2017
Mailing Address PO Box 94014		FEC Identification Number C
City Palatine	State IL	Zip Code 60094-4014
Purpose of Disbursement Refund of Credit		001
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Amount of Each Disbursement this Period -4096.79 Transaction ID : B-8683 <input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. Campaign Solutions dba Edonation.com</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 28 / 2017
Mailing Address 117 N Saint Asaph Street		FEC Identification Number C
City Alexandria	State VA	Zip Code 22314-3109
Purpose of Disbursement Merchant Fees		001
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Amount of Each Disbursement this Period 3.27 Transaction ID : B-8689 <input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. Cardmember Service</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 06 / 2017
Mailing Address PO Box 94014		FEC Identification Number C
City Palatine	State IL	Zip Code 60094-4014
Purpose of Disbursement Credit Card Payment: Office Expenses		001
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Amount of Each Disbursement this Period 90.82 Transaction ID : B-8685 <input type="checkbox"/> Memo Item	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	-4002.70
<b>TOTAL</b> This Period (last page this line number only).....▶	23.43

**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 15	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input checked="" 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) <b>A. Chabot, Paul, R, Dr.,</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 16 / 2017
Mailing Address PO Box 665		FEC Identification Number C H4CA31071
City McKinney	State TX	Zip Code 75071
Purpose of Disbursement	Category/ Type 009	Amount of Each Disbursement this Period 1000.00
Candidate Name <b>Chabot, Paul, R, Dr.,</b>	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : B-8691
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: CA District: 31	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) <b>B. Chabot, Paul, R, Dr.,</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 16 / 2017
Mailing Address PO Box 665		FEC Identification Number C H4CA31071
City McKinney	State TX	Zip Code 75071
Purpose of Disbursement	Category/ Type 009	Amount of Each Disbursement this Period 1000.00
Candidate Name <b>Chabot, Paul, R, Dr.,</b>	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : B-8679
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: CA District: 31	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		FEC Identification Number C
City	State	Zip Code
Purpose of Disbursement	Category/ Type	Amount of Each Disbursement this Period
Candidate Name	Disbursement For:	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	
	<input 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).....▶	2000.00

**SCHEDULE C (FEC Form 3)**  
**LOANS**

NAME OF COMMITTEE (In Full) **Paul Chabot Congress** Transaction ID : **C-4784**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) Chabot, Paul, R, Dr.,		<input type="checkbox"/> Memo Item	Election: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address PO Box 665			
City McKinney	State TX	ZIP Code 75071	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 4500.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 4500.00
------------------------------------	------------------------------------	--

<b>TERMS</b>	Date Incurred M 05 / D 29 / Y 2014	Date Due M 12 / D 31 / Y 2016	Interest Rate (If none, enter 0) 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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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:

<b>SUBTOTALS</b> This Period This Page (optional).....▶	4500.00
<b>TOTALS</b> 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 : **C-4783**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) Chabot, Paul, R, Dr.,		<input type="checkbox"/> Memo Item	Election: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address PO Box 665			
City McKinney	State TX	ZIP Code 75071	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 62000.00	Cumulative Payment To Date 41900.00	Balance Outstanding at Close of This Period 20100.00
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<b>TERMS</b>	Date Incurred M 03 / D 06 / Y 2014	Date Due M 12 / D 31 / Y 2016	Interest Rate (If none, enter 0) 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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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:

<b>SUBTOTALS</b> This Period This Page (optional).....▶	20100.00
<b>TOTALS</b> 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 : **C-4785**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) Chabot, Paul, R, Dr.,		<input type="checkbox"/> Memo Item	Election: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address PO Box 665			
City McKinney	State TX	ZIP Code 75071	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
75000.00	33900.00	41100.00

<b>TERMS</b>	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M <sup>09</sup> / D <sup>23</sup> / Y 2014 Y	M <sup>12</sup> / D <sup>31</sup> / Y 2016 Y	0.00 % (apr)	<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:

<b>SUBTOTALS</b> This Period This Page (optional).....▶	41100.00
<b>TOTALS</b> This Period (last page in this line only).....▶	65700.00

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**

NAME OF COMMITTEE (In Full)  
**Paul Chabot Congress**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Political Media Inc.</b>			Nature of Debt (Purpose): Email Marketing
Mailing Address 1800 Diagonal Road Suite 600			
City Alexandria	State VA	Zip Code 22314	

Outstanding Balance Beginning This Period <input type="text" value="0.00"/>	<b>Transaction ID : D-8694</b>	
Amount Incurred This Period <input type="text" value="1000.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="1000.00"/>

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

Outstanding Balance Beginning This Period <input type="text" value="1250.00"/>	<b>Transaction ID : D-6669</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="1250.00"/>

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

Outstanding Balance Beginning This Period <input type="text" value="5062.44"/>	<b>Transaction ID : D-6666</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="5062.44"/>

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	<input type="text" value="7312.44"/>
2) <b>TOTALS</b> This Period (last page this line number only) .....	<input type="text"/>
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) .....	<input type="text"/>
4) <b>ADD 2) and 3)</b> 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 <b>Capital Campaigns Inc.</b>		Nature of Debt (Purpose): Fundraising Consulting and Expenses	
Mailing Address 38 Executive Park Suite 390			
City Irvine	State CA	Zip Code 92614-4730	

Outstanding Balance Beginning This Period 2362.44		Transaction ID : D-6668	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 2362.44	

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

Outstanding Balance Beginning This Period 485.00		Transaction ID : D-1895	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 485.00	

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) <b>SUBTOTALS</b> This Period This Page (optional) .....	▶	2847.44
2) <b>TOTALS</b> This Period (last page this line number only) .....	▶	10159.88
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) .....	▶	65700.00
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) .....	▶	75859.88