

# 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

CHRIS GIBSON FOR CONGRESS

ADDRESS (number and street)

PO BOX 255

Check if different than previously reported. (ACC)

KINDERHOOK

NY

12106

CITY ▲

STATE ▲

ZIP CODE ▲

2. **FEC IDENTIFICATION NUMBER** ▼

C C00477984

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

STATE ▼ DISTRICT

NY

19

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

07 / 01 / 2016

through

M M / D D / Y Y Y Y

09 / 30 / 2016

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

CRATE, BRADLEY, T.,

Type or Print Name of Treasurer

Signature of Treasurer CRATE, BRADLEY, T.,

[Electronically Filed]

Date

M M / D D / Y Y Y Y

10 / 15 / 2016

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

**SUMMARY PAGE**  
of Receipts and Disbursements

FEC Form 3 (Revised 05/2016)

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
<b>6. Net Contributions (other than loans)</b>		
(a) Total Contributions (other than loans) (from Line 11(e))....	0.00	3068680.67
(b) Total Contribution Refunds (from Line 20(d)) .....	0.00	8653.16
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	0.00	3060027.51
<b>7. Net Operating Expenditures</b>		
(a) Total Operating Expenditures (from Line 17) .....	5538.58	3062147.79
(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)).....	5538.58	3062147.79
<b>8. Cash on Hand at Close of Reporting Period (from Line 27).....</b>	25238.00	
<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>	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 05/2016)

Write or Type Committee Name

**CHRIS GIBSON FOR 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).....	0.00	1317466.11
(ii) Unitemized .....	0.00	231635.46
(iii) TOTAL of contributions from individuals .....	0.00	1549101.57
(b) Political Party Committees.....	0.00	2200.00
(c) Other Political Committees (such as PACs).....	0.00	1517379.10
(d) The Candidate .....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	0.00	3068680.67
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....</b>	0.00	147463.53
<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>	0.00	0.02
<b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4).....</b>	0.00	3216144.22

**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.....	5538.58	3062147.79
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	8303.16
(b) Political Party Committees.....	0.00	100.00
(c) Other Political Committees (such as PACs).....	0.00	250.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	8653.16
21. OTHER DISBURSEMENTS .....	2000.00	2315.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	7538.58	3073115.95

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	32776.58
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	0.00
25. SUBTOTAL (add Line 23 and Line 24).....	32776.58
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	7538.58
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	25238.00

# 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 5 OF 15	
	<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. "AIM" 2 PLEASE</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 07 / 2016	
Mailing Address 1A MICHAEL COURT			FEC Identification Number C	
City HUDSON	State NY	Zip Code 12534	Amount of Each Disbursement this Period 1800.12	
Purpose of Disbursement CATERING SERVICES		Category/ Type	Transaction ID : SB17.21709	
Candidate Name		<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) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. ADOBE</b>			Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2016	
Mailing Address 345 PARK AVENUE			FEC Identification Number C	
City SAN JOSE	State CA	Zip Code 95110	Amount of Each Disbursement this Period 148.73	
Purpose of Disbursement AMEX PMT [SB17.21714]: SOFTWARE		Category/ Type	Transaction ID : SB17.21735	
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) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>C. ADOBE</b>			Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2016	
Mailing Address 345 PARK AVENUE			FEC Identification Number C	
City SAN JOSE	State CA	Zip Code 95110	Amount of Each Disbursement this Period 148.73	
Purpose of Disbursement AMEX PMT [SB17.21714]: SOFTWARE		Category/ Type	Transaction ID : SB17.21737	
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) ▼			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	1800.12
<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 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)  
**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 07 / 28 / 2016	
Mailing Address 345 PARK AVENUE			FEC Identification Number C	
City SAN JOSE	State CA	Zip Code 95110	Amount of Each Disbursement this Period 148.73	
Purpose of Disbursement AMEX PMT [SB17.21714]: SOFTWARE			Transaction ID : SB17.21741	
Candidate Name			Memo Item <input checked="" type="checkbox"/>	
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 AIRLINES</b>			Date of Disbursement M M / D D / Y Y Y Y 08 / 25 / 2016	
Mailing Address 4333 AMON CARTER BOULEVARD			FEC Identification Number C	
City FORT WORTH	State TX	Zip Code 76155	Amount of Each Disbursement this Period 469.10	
Purpose of Disbursement TRAVEL: AIR			Transaction ID : SB17.21711	
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 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 08 / 29 / 2016	
Mailing Address 4333 AMON CARTER BOULEVARD			FEC Identification Number C	
City FORT WORTH	State TX	Zip Code 76155	Amount of Each Disbursement this Period 30.71	
Purpose of Disbursement TRAVEL: AIR			Transaction ID : SB17.21712	
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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	499.81
<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 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)  
**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 07 / 05 / 2016	
Mailing Address 200 VESSEY ST			FEC Identification Number C	
City NEW YORK	State NY	Zip Code 10285	Amount of Each Disbursement this Period 190.29	
Purpose of Disbursement CREDIT CARD PAYMENT: SEE MEMO ENTRIES			Transaction ID : SB17.21713	
Candidate Name			<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) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. AMERICAN EXPRESS</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 07 / 2016	
Mailing Address 200 VESSEY ST			FEC Identification Number C	
City NEW YORK	State NY	Zip Code 10285	Amount of Each Disbursement this Period 1298.41	
Purpose of Disbursement CREDIT CARD PAYMENT: SEE MEMO ENTRIES			Transaction ID : SB17.21714	
Candidate Name			<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) ▼			
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 07 / 01 / 2016	
Mailing Address 300 1ST STREET SE			FEC Identification Number C	
City WASHINGTON	State DC	Zip Code 20003	Amount of Each Disbursement this Period 104.06	
Purpose of Disbursement AMEX PMT [SB17.21713]: MEETING EXPENSE: MEALS			Transaction ID : SB17.21733	
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) ▼			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	1488.70
<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)  
**CHRIS GIBSON FOR CONGRESS**

**A. CAPITOL HILL CLUB**

Full Name (Last, First, Middle Initial)  
Mailing Address 300 1ST STREET SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement AMEX PMT [SB17.21714]: MEETING EXPENSE: MEALS

Candidate Name

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

State: District:

Date of Disbursement: 07 / 15 / 2016

FEC Identification Number: C

Amount of Each Disbursement this Period: 247.16

Transaction ID : SB17.21739

Memo Item

**B. CAPITOL HILL CLUB**

Full Name (Last, First, Middle Initial)  
Mailing Address 300 1ST STREET SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement AMEX PMT [SB17.21714]: MEETING EXPENSE: MEALS

Candidate Name

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

State: District:

Date of Disbursement: 08 / 12 / 2016

FEC Identification Number: C

Amount of Each Disbursement this Period: 96.00

Transaction ID : SB17.21743

Memo Item

**C. CHATHAM BREWERY**

Full Name (Last, First, Middle Initial)  
Mailing Address 59 MAIN STREET

City CHATHAM State NY Zip Code 12037

Purpose of Disbursement MEETING EXPENSE: MEALS

Candidate Name

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

State: District:

Date of Disbursement: 09 / 01 / 2016

FEC Identification Number: C

Amount of Each Disbursement this Period: 212.00

Transaction ID : SB17.21710

Memo Item

**SUBTOTAL** of Disbursements This Page (optional).....▶ 212.00

**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 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)  
**CHRIS GIBSON FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. EXXONMOBIL</b>			Date of Disbursement M M / D D / Y Y Y Y 08 / 11 / 2016	
Mailing Address 5959 LAS COLINAS BLVD			FEC Identification Number C	
City IRVING	State TX	Zip Code 75039	Amount of Each Disbursement this Period 29.41	
Purpose of Disbursement TRAVEL: FUEL		Category/ Type	Transaction ID : SB17.21717	
Candidate Name		<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) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. GOOGLE</b>			Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2016	
Mailing Address 1600 AMPHITHEATRE PARKWAY			FEC Identification Number C	
City MOUNTAIN VIEW	State CA	Zip Code 94043	Amount of Each Disbursement this Period 55.00	
Purpose of Disbursement AMEX PMT [SB17.21713]: EMAIL SERVICES		Category/ Type	Transaction ID : SB17.21731	
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) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>C. GOOGLE</b>			Date of Disbursement M M / D D / Y Y Y Y 07 / 03 / 2016	
Mailing Address 1600 AMPHITHEATRE PARKWAY			FEC Identification Number C	
City MOUNTAIN VIEW	State CA	Zip Code 94043	Amount of Each Disbursement this Period 55.00	
Purpose of Disbursement AMEX PMT [SB17.21714]: EMAIL SERVICES		Category/ Type	Transaction ID : SB17.21738	
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) ▼			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	29.41
<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 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)  
**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 08 / 02 / 2016
Mailing Address 1600 AMPHITHEATRE PARKWAY		FEC Identification Number C
City MOUNTAIN VIEW	State CA	Zip Code 94043
Purpose of Disbursement AMEX PMT [SB17.21714]: EMAIL SERVICES		Amount of Each Disbursement this Period 55.00
Candidate Name		Transaction ID : SB17.21742
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) ▼	<input checked="" type="checkbox"/> Memo Item
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. NATIONBUILDER</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2016
Mailing Address 520 S GRAND AVENUE		FEC Identification Number C
City LOS ANGELES	State CA	Zip Code 90071
Purpose of Disbursement AMEX PMT [SB17.21714]: WEBSITE HOSTING		Amount of Each Disbursement this Period 108.00
Candidate Name		Transaction ID : SB17.21734
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) ▼	<input checked="" type="checkbox"/> Memo Item
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>C. NATIONBUILDER</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2016
Mailing Address 520 S GRAND AVENUE		FEC Identification Number C
City LOS ANGELES	State CA	Zip Code 90071
Purpose of Disbursement AMEX PMT [SB17.21714]: WEBSITE HOSTING		Amount of Each Disbursement this Period 149.00
Candidate Name		Transaction ID : SB17.21736
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) ▼	<input checked="" type="checkbox"/> Memo Item
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 11 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)  
**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 07 / 28 / 2016	
Mailing Address 520 S GRAND AVENUE			FEC Identification Number C	
City LOS ANGELES	State CA	Zip Code 90071	Amount of Each Disbursement this Period 142.06	
Purpose of Disbursement AMEX PMT [SB17.21714]: WEBSITE HOSTING			Transaction ID : SB17.21740	
Candidate Name			Memo Item <input checked="" type="checkbox"/>	
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. SOUTHWEST</b>			Date of Disbursement M M / D D / Y Y Y Y 08 / 19 / 2016	
Mailing Address 2702 LOVE FIELD DR			FEC Identification Number C	
City DALLAS	State TX	Zip Code 75235	Amount of Each Disbursement this Period 193.10	
Purpose of Disbursement TRAVEL: AIR			Transaction ID : SB17.21720	
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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>C. STEWART'S SHOP</b>			Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2016	
Mailing Address 61 CHATHAM ST			FEC Identification Number C	
City KINDERHOOK	State NY	Zip Code 12106	Amount of Each Disbursement this Period 31.23	
Purpose of Disbursement AMEX PMT [SB17.21713]: TRAVEL: FUEL			Transaction ID : SB17.21732	
Candidate Name			Memo Item <input checked="" type="checkbox"/>	
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).....▶	193.10
<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 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)  
**CHRIS GIBSON FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. SUNOCO</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 02 / 2016		
Mailing Address 1002 U.S. 9			FEC Identification Number C		
City VALATIE	State NY	Zip Code 12184	Amount of Each Disbursement this Period 12.92		
Purpose of Disbursement TRAVEL: FUEL		Category/ Type	Transaction ID : SB17.21721		
Candidate Name		<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) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>B. SUNOCO</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 02 / 2016		
Mailing Address 1002 U.S. 9			FEC Identification Number C		
City VALATIE	State NY	Zip Code 12184	Amount of Each Disbursement this Period 14.94		
Purpose of Disbursement TRAVEL: FUEL		Category/ Type	Transaction ID : SB17.21722		
Candidate Name		<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) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>C. USPS</b>			Date of Disbursement M M / D D / Y Y Y Y 08 / 03 / 2016		
Mailing Address 3 HUDSON ST			FEC Identification Number C		
City KINDERHOOK	State NY	Zip Code 12106	Amount of Each Disbursement this Period 22.95		
Purpose of Disbursement POSTAGE		Category/ Type	Transaction ID : SB17.21724		
Candidate Name		<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) ▼				
State: District:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	50.81
<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 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)  
**CHRIS GIBSON FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. USPS</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 23 / 2016
Mailing Address 3 HUDSON ST		FEC Identification Number C
City KINDERHOOK	State NY	Zip Code 12106
Purpose of Disbursement POSTAGE		Amount of Each Disbursement this Period 9.40
Candidate Name		Transaction ID : SB17.21725
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) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) <b>B. USPS</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 14 / 2016
Mailing Address 3 HUDSON ST		FEC Identification Number C
City KINDERHOOK	State NY	Zip Code 12106
Purpose of Disbursement POSTAGE		Amount of Each Disbursement this Period 4.65
Candidate Name		Transaction ID : SB17.21726
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) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) <b>C. VERIZON WIRELESS</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 05 / 2016
Mailing Address 1 VERIZON WAY		FEC Identification Number C
City BASKING RIDGE	State NJ	Zip Code 07920
Purpose of Disbursement MOBILE PHONE EXPENSE		Amount of Each Disbursement this Period 200.12
Candidate Name		Transaction ID : SB17.21727
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) ▼	<input type="checkbox"/> Memo Item
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	214.17
<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 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)  
**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 08 / 05 / 2016		
Mailing Address 1 VERIZON WAY			FEC Identification Number C		
City BASKING RIDGE	State NJ	Zip Code 07920	Amount of Each Disbursement this Period 200.00		
Purpose of Disbursement MOBILE PHONE EXPENSE		Category/ Type	Transaction ID : SB17.21728		
Candidate Name		<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) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>B. VERIZON WIRELESS</b>			Date of Disbursement M M / D D / Y Y Y Y 08 / 29 / 2016		
Mailing Address 1 VERIZON WAY			FEC Identification Number C		
City BASKING RIDGE	State NJ	Zip Code 07920	Amount of Each Disbursement this Period 200.00		
Purpose of Disbursement MOBILE PHONE EXPENSE		Category/ Type	Transaction ID : SB17.21729		
Candidate Name		<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) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>C. VERIZON WIRELESS</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 22 / 2016		
Mailing Address 1 VERIZON WAY			FEC Identification Number C		
City BASKING RIDGE	State NJ	Zip Code 07920	Amount of Each Disbursement this Period 350.00		
Purpose of Disbursement MOBILE PHONE EXPENSE		Category/ Type	Transaction ID : SB17.21730		
Candidate Name		<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) ▼				
State: District:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	750.00
<b>TOTAL</b> This Period (last page this line number only).....▶	5238.12

**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 15	
	<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. TENNEY FOR CONGRESS</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 30 / 2016
Mailing Address 28 ROBINSON ROAD PO BOX 128		FEC Identification Number C C00561183
City CLINTON	State NY	Zip Code 13323
Purpose of Disbursement GENERAL 2016 CONTRIBUTION		Amount of Each Disbursement this Period 2000.00
Candidate Name <b>TENNEY, CLAUDIA, , ,</b>		Transaction ID : SB21.21708
Office Sought: <input checked="" type="checkbox"/> House	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="checkbox"/> Memo Item
<input type="checkbox"/> Senate	<input type="checkbox"/> Other (specify) ▼	
<input type="checkbox"/> President		
State: NY	District: 22	

Full Name (Last, First, Middle Initial) <b>B.</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		Amount of Each Disbursement this Period
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Senate	<input type="checkbox"/> Other (specify) ▼	
<input type="checkbox"/> President		
State:	District:	

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		Amount of Each Disbursement this Period
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Senate	<input type="checkbox"/> Other (specify) ▼	
<input type="checkbox"/> President		
State:	District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	2000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	2000.00