

September 1, 2017

Federal Election Commission

999 E. St., NW

Washington, D.C. 20463

Dear FEC,

This committee intends to make unlimited independent expenditures, and consistent with the U.S. Court of Appeals for the District of Columbia Circuit decision in SpeechNow v. FEC, it therefore intends to raise funds in unlimited amounts. This committee will not use those funds to make contributions, whether direct, in-kind, or via coordinated communications, to federal candidates or committees.

Thank you,



Paul Chabot, Founder

Keep Texas Red – SuperPAC

6710 Virginia Parkway, STE 215-7

McKinney, TX 75071

(972) 755-4300

2017-09-01 PM 00:44:10

FEC
FORM 1

STATEMENT OF ORGANIZATION

RECEIVED
FEC MAIL CENTER
2017 SEP 19 AM 7:19

Office Use Only

1. NAME OF
COMMITTEE (in full)

☐

(Check if name
is changed)

Example: If typing, type
over the lines.

12FE4M5

KEEP TEXAS RED

ADDRESS (number and street)

6710 VIRGINIA PARKWAY

☐

(Check if address
is changed)

STE 215-7

MCKINNEY

CITY ▲

TX

STATE ▲

75071

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

☐

(Check if address
is changed)

paul@paulchabot.com

Optional Second E-Mail Address

paul@CONSERVATIVEMOVE.COM

COMMITTEE'S WEB PAGE ADDRESS (URL)

☐

(Check if address
is changed)

www.paulchabot.com

2. DATE

9 / 01 / 2017

3. FEC IDENTIFICATION NUMBER ►

C

4. IS THIS STATEMENT

☒

NEW (N)

OR

☐

AMENDED (A)

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

Type or Print Name of Treasurer

BRENDA CHABOT

Signature of Treasurer



Date

9 / 01 / 2017

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

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office
Use
Only

For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

FEC FORM 1
(Revised 06/2012)

5. TYPE OF COMMITTEE

Candidate Committee:

- (a) ☐ This committee is a principal campaign committee. (Complete the candidate information below.)
- (b) ☐ This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate

Candidate
Party AffiliationOffice
Sought:

House

Senate

President

State

District

- (c) ☐ This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of
Candidate**Party Committee:**

- (d) ☐ This committee is a ☐ (National, State or subordinate) committee of the ☐ (Democratic, Republican, etc.) Party.

Political Action Committee (PAC):

- (e) ☐ This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:
- ☐ Corporation ☐ Corporation w/o Capital Stock ☐ Labor Organization
- ☐ Membership Organization ☐ Trade Association ☐ Cooperative
- ☐ In addition, this committee is a Lobbyist/Registrant PAC.
- (f) ☒ This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)
- ☐ In addition, this committee is a Lobbyist/Registrant PAC.
- ☐ In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

Joint Fundraising Representative:

- (g) ☐ This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
- (h) ☐ This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

1.	<input type="text"/>	FEC ID number	<input type="text"/>
2.	<input type="text"/>	FEC ID number	<input type="text"/>
3.	<input type="text"/>	FEC ID number	<input type="text"/>
4.	<input type="text"/>	FEC ID number	<input type="text"/>

2017-09-19 03:00:17 4409

Write or Type Committee Name

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

Mailing Address

CITY

STATE

ZIP CODE

Relationship: ☐ Connected Organization ☐ Affiliated Committee ☐ Joint Fundraising Representative ☐ Leadership PAC Sponsor

7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name

Mailing Address

Title or Position

CITY

STATE

ZIP CODE

Telephone number

8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name
of Treasurer

Mailing Address

Title or Position

CITY

STATE

ZIP CODE

Telephone number

2017-09-19 PM 00:17:44

Full Name of
Designated
Agent

PAUL R CHABOT

Mailing Address

6710 VIRGINIA PARKWAY

STE 215-7

MC KINNEY

CITY

TX

STATE

75071

ZIP CODE

Title or Position

FOUNDER

Telephone number

9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

INDEPENDENT BANK

Mailing Address

6751 VIRGINIA PARKWAY

MC KINNEY

CITY

TX

STATE

75071

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

5(g) or (h). **Joint Fundraising Participant:**

1. _____
2. _____
3. _____
4. _____

FEC ID number

☐ C _____

FEC ID number

☐ C _____

FEC ID number

☐ C _____

FEC ID number

☐ C _____6. **Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor**

Mailing Address

Relationship:

CITY ▲

STATE ▲

ZIP CODE ▲

☐

Connected Organization

☐

Affiliated Committee

☐

Joint Fundraising Representative

☐

Leadership PAC Sponsor

8. **Designated Agent:** Identify by name, address (phone number – optional)

Full Name _____

Mailing Address _____

TITLE OR POSITION ▼

CITY ▲

STATE ▲

ZIP CODE ▲

Telephone Number _____9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.Name of Bank,
Depository, etc. _____

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

2017-09-19 PM 00:44:12

NORTH TEXAS TX P&DC
DALLAS TX 750
13 SEP 2017 PM 5 L


Chabot
PO Box 6656
McKinney, TX 75071

Category	Value
Overall	0.00
Gender	0.00
Age	0.00
Education	0.00
Income	0.00
Occupation	0.00
Marital Status	0.00
Religion	0.00
Political Affiliation	0.00
Health Status	0.00
Living Arrangements	0.00
Travel History	0.00
Employment Status	0.00
Home Ownership	0.00
Vehicle Ownership	0.00
Insurance Status	0.00
Substance Use	0.00
Mental Health	0.00
Physical Health	0.00
Chronic Conditions	0.00
Vaccination Status	0.00
Compliance with Guidelines	0.00
Healthcare Utilization	0.00
Health Literacy	0.00
Health Beliefs	0.00
Health Attitudes	0.00
Health Behaviors	0.00
Health Outcomes	0.00
Healthcare Access	0.00
Healthcare Quality	0.00
Healthcare Costs	0.00
Healthcare Satisfaction	0.00
Healthcare Trust	0.00
Healthcare Engagement	0.00
Healthcare Participation	0.00
Healthcare Decision Making	0.00
Healthcare Communication	0.00
Healthcare Collaboration	0.00
Healthcare Partnership	0.00
Healthcare Alliance	0.00
Healthcare Relationship	0.00
Healthcare Connection	0.00
Healthcare Linkage	0.00
Healthcare Bridge	0.00
Healthcare Gateway	0.00
Healthcare Portal	0.00
Healthcare Hub	0.00
Healthcare Center	0.00
Healthcare Base	0.00
Healthcare Core	0.00
Healthcare Foundation	0.00
Healthcare Pillar	0.00
Healthcare Support	0.00
Healthcare Framework	0.00
Healthcare Structure	0.00
Healthcare System	0.00
Healthcare Network	0.00
Healthcare Community	0.00
Healthcare Society	0.00
Healthcare Culture	0.00
Healthcare Environment	0.00
Healthcare Context	0.00
Healthcare Setting	0.00
Healthcare Location	0.00
Healthcare Area	0.00
Healthcare Region	0.00
Healthcare Zone	0.00
Healthcare District	0.00
Healthcare Ward	0.00
Healthcare Division	0.00
Healthcare Department	0.00
Healthcare Unit	0.00
Healthcare Service	0.00
Healthcare Program	0.00
Healthcare Initiative	0.00
Healthcare Project	0.00
Healthcare Task	0.00
Healthcare Activity	0.00
Healthcare Operation	0.00
Healthcare Function	0.00
Healthcare Role	0.00
Healthcare Responsibility	0.00
Healthcare Obligation	0.00
Healthcare Duty	0.00
Healthcare Commitment	0.00
Healthcare Dedication	0.00
Healthcare Devotion	0.00
Healthcare Loyalty	0.00
Healthcare Fidelity	0.00
Healthcare Faithfulness	0.00
Healthcare Trustworthiness	0.00
Healthcare Reliability	0.00
Healthcare Dependability	0.00
Healthcare Accountability	0.00
Healthcare Answerability	0.00
Healthcare Responsibility	0.00
Healthcare Liability	0.00
Healthcare Accountability	0.00
Healthcare Responsibility	0.00
Healthcare Obligation	0.00
Healthcare Duty	0.00
Healthcare Commitment	0.00
Healthcare Dedication	0.00
Healthcare Devotion	0.00
Healthcare Loyalty	0.00
Healthcare Fidelity	0.00
Healthcare Faithfulness	0.00
Healthcare Trustworthiness	0.00
Healthcare Reliability	0.00
Healthcare Dependability	0.00
Healthcare Accountability	0.00
Healthcare Answerability	0.00
Healthcare Responsibility	0.00
Healthcare Liability	0.00
Healthcare Accountability	0.00
Healthcare Responsibility	0.00
Healthcare Obligation	0.00
Healthcare Duty	0.00
Healthcare Commitment	0.00
Healthcare Dedication	0.00
Healthcare Devotion	0.00
Healthcare Loyalty	0.00
Healthcare Fidelity	0.00
Healthcare Faithfulness	0.00
Healthcare Trustworthiness	0.00
Healthcare Reliability	0.00
Healthcare Dependability	0.00
Healthcare Accountability	0.00
Healthcare Answerability	0.00
Healthcare Responsibility	0.00
Healthcare Liability	0.00
Healthcare Accountability	0.00
Healthcare Responsibility	0.00
Healthcare Obligation	0.00
Healthcare Duty	0.00
Healthcare Commitment	0.00
Healthcare Dedication	0.00
Healthcare Devotion	0.00
Healthcare Loyalty	0.00
Healthcare Fidelity	0.00
Healthcare Faithfulness	0.00
Healthcare Trustworthiness	0.00
Healthcare Reliability	0.00
Healthcare Dependability	0.00
Healthcare Accountability	0.00
Healthcare Answerability	0.00
Healthcare Responsibility	0.00
Healthcare Liability	0.00
Healthcare Accountability	0.00
Healthcare Responsibility	0.00
Healthcare Obligation	0.00
Healthcare Duty	0.00
Healthcare Commitment	0.00
Healthcare Dedication	0.00
Healthcare Devotion	0

**Federal Election Commission
999 E. St., NW
Washington DC 20463-0001**

RECEIVED
FEC MAIL CENTER
2017 SEP 19 AM 7:19

Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
The FEC added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input checked="" type="checkbox"/> USPS First Class Mail	Postmarked 9/13/17 Date of Receipt 9/19/17
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked
<input type="checkbox"/> USPS Priority Mail Express	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
	Next Business Day Delivery <input type="checkbox"/>
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
PREPARER 	9/19/17 DATE PREPARED

(3/2015)

2017-09-19 16:00:44