

# 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  
# 106-228  
 Check if different than previously reported. (ACC) Rancho Cucamonga CA 91739-2574

2. **FEC IDENTIFICATION NUMBER** ▼ C C00557884 CITY ▲ STATE ▲ ZIP CODE ▲  
3. IS THIS REPORT  NEW (N) OR  AMENDED (A) STATE ▼ DISTRICT  
40

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  
10 / 01 / 2015 through 12 / 31 / 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 Kelly Lawler  
Signature of Treasurer Kelly Lawler *[Electronically Filed]* Date M M / D D / Y Y Y Y  
01 / 30 / 2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

**SUMMARY PAGE**  
of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name  
**Paul Chabot 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))....	60694.01	225192.47
(b) Total Contribution Refunds (from Line 20(d)) .....	0	0
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	60694.01	225192.47
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	40787.77	152655.22
(b) Total Offsets to Operating Expenditures (from Line 14).....	0	4000
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	40787.77	148655.22
8. Cash on Hand at Close of Reporting Period (from Line 27).....	61808.41	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	94910.97	

**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

**Paul Chabot 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).....	50300	159349
(ii) Unitemized.....	5894.01	39321.23
(iii) TOTAL of contributions from individuals ▶	56194.01	198670.23
(b) Political Party Committees.....	0	0
(c) Other Political Committees (such as PACs).....	4500	26497.24
(d) The Candidate.....	0	25
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	60694.01	225192.47
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....	0	0
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0	0
(b) All Other Loans.....	0	0
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0	0
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....	0	4000
15. OTHER RECEIPTS (Dividends, Interest, etc.).....	0	0
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	60694.01	229192.47

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	40787.77	152655.22
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0	0
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0	45000
(b) Of All Other Loans .....	0	0
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0	45000
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	0	0
(b) Political Party Committees.....	0	0
(c) Other Political Committees (such as PACs).....	0	0
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0	0
21. OTHER DISBURSEMENTS .....	700	2239
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ▶	41487.77	199894.22

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	42602.17
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	60694.01
25. SUBTOTAL (add Line 23 and Line 24).....	103296.18
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	41487.77
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	61808.41

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: F3N

Transaction ID :

Employer and occupation information is requested under the standards outlines in the FEC manual.

Form/Schedule:

Transaction ID:

**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 71
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 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)  
**Helene V Galen**

Mailing Address 37791 Halper Lake Drive

City Rancho Mirage State CA Zip Code 92270-2571

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

Name of Employer Retired Occupation Retired

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2700**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 31 / 2015

**Transaction ID : A-CF3061**

Amount of Each Receipt this Period  
 1200

**B.** Full Name (Last, First, Middle Initial)  
**Amanda Hamilton**

Mailing Address 70 I Street SE Apt. 915

City Washington State DC Zip Code 20003-4831

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

Name of Employer Self Employed Occupation Consultant

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2500**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 31 / 2015

**Transaction ID : A-IF3110**

Amount of Each Receipt this Period  
 500

Inkind: Campaign Consulting

**C.** Full Name (Last, First, Middle Initial)  
**Clemente A Mojica**

Mailing Address 1265 Kendall Drive

City San Bernardino State CA Zip Code 92407-4314

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

Name of Employer NPHS Occupation Community Development

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **220**

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

**Transaction ID : A-CF3077**

Amount of Each Receipt this Period  
 200

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

1900.00

**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 7 OF 71
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**Melvin F Sembler**

Mailing Address 5858 Central Avenue

City Saint Petersburg State FL Zip Code 33707-1720

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

Name of Employer Real Estate Developer Occupation Self Employed

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 23 / 2015

**Transaction ID : A-CF3009**

Amount of Each Receipt this Period  
 1000

**B.** Full Name (Last, First, Middle Initial)  
**Rick Matros**

Mailing Address 14 Scenic Bluff

City Newport Coast State CA Zip Code 92657-2103

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

Name of Employer Sabra Health Care REIT Occupation Real Estate

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **3000**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 12 / 2015

**Transaction ID : A-CF2912**

Amount of Each Receipt this Period  
 1700

**C.** Full Name (Last, First, Middle Initial)  
**Zach Rosas**

Mailing Address 8167 Vineyard Avenue Apt. 107

City Rancho Cucamonga State CA Zip Code 91730-3391

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

Name of Employer n/a Occupation Student

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2000**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 30 / 2015

**Transaction ID : A-IF3093**

Amount of Each Receipt this Period  
 1000

Inkind: Event Coordination and Outreach

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

3700.00

**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 8 OF 71
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**Clifford R Cummings**

Mailing Address 3377 Valencia Avenue

City San Bernardino State CA Zip Code 92404-2419

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

Name of Employer Toyota of San Bernardino Occupation President

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **4900**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 14 / 2015

**Transaction ID : A-CF2969**

Amount of Each Receipt this Period  
 1200

**B.** Full Name (Last, First, Middle Initial)  
**Kenneth Hunter**

Mailing Address 20 Dearborn Circle

City Redlands State CA Zip Code 92374-5534

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

Name of Employer Re/Max Advantage Occupation Realtor

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1700**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 10 / 2015

**Transaction ID : A-CF2977**

Amount of Each Receipt this Period  
 75

**C.** Full Name (Last, First, Middle Initial)  
**Lisa Lopez**

Mailing Address 7252 Birkdale Place

City Rancho Cucamonga State CA Zip Code 91730

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

Name of Employer Rodriguez Legal Firm Occupation Legal Assistant

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1500**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 30 / 2015

**Transaction ID : A-IF3102**

Amount of Each Receipt this Period  
 1500

Inkind: Editing Services

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

2775.00

**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 9 OF 71
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**Rick Matros**

Mailing Address 14 Scenic Bluff

City Newport Coast State CA Zip Code 92657-2103

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

Name of Employer Sabra Health Care REIT Occupation Real Estate

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **3000**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 12 / 2015

**Transaction ID : A-CF2923**

Amount of Each Receipt this Period  
**300**

**B.** Full Name (Last, First, Middle Initial)  
**Charles B Johnson**

Mailing Address 1220 South Ocean Boulevard

City Palm Beach State FL Zip Code 33480

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

Name of Employer n/a Occupation Retired

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **5400**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 31 / 2015

**Transaction ID : A-CF3058**

Amount of Each Receipt this Period  
**2700**

**C.** Full Name (Last, First, Middle Initial)  
**Kent B Hickman**

Mailing Address 152 Lizzie Mills Road

City Castleton State VA Zip Code 22716-2904

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

Name of Employer Retired Occupation Retired

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **550**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 02 / 2015

**Transaction ID : A-CF3032**

Amount of Each Receipt this Period  
**100**

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

**3100.00**

**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 10 OF 71
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**Mina Holmes**

Mailing Address 534 Juniper Street

City La Verne State CA Zip Code 91750-5721

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

Name of Employer Self-employed Occupation Lawyer

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **600**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 10 / 2015

**Transaction ID : A-CF2978**

Amount of Each Receipt this Period  
 100

**B.** Full Name (Last, First, Middle Initial)  
**Steven Castellano**

Mailing Address 6601 Blue Oaks Blvd., Apt. 204

City Rocklin State CA Zip Code 95765

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

Name of Employer Self Employed Occupation Political consultant

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1257**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 31 / 2015

**Transaction ID : A-IF3097**

Amount of Each Receipt this Period  
 1250

Inkind: Campaign Outreach Consulting

**C.** Full Name (Last, First, Middle Initial)  
**Russell Taylor**

Mailing Address 399 Chaney Avenue

City Cayucos State CA Zip Code 93430-1809

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

Name of Employer Retired Occupation Retired

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **325**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 17 / 2015

**Transaction ID : A-CF2991**

Amount of Each Receipt this Period  
 100

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

1450.00

**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 11 OF 71
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**Andrew Rosas**

Mailing Address 8167 Vineyard Avenue  
Apt. 107

City Rancho Cucamonga State CA Zip Code 91730-3391

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

Name of Employer Rosas Consulting Occupation Owner

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2700**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 31 / 2015

**Transaction ID : A-IF3109**

Amount of Each Receipt this Period  
 200

Inkind: Social Media Consulting

**B.** Full Name (Last, First, Middle Initial)  
**Tatnall Hillman**

Mailing Address 504 W Blecker Street

City Aspen State CO Zip Code 81611-1228

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

Name of Employer Retired Occupation Retired

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **5400**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 01 / 2015

**Transaction ID : A-CF3029**

Amount of Each Receipt this Period  
 2700

**C.** Full Name (Last, First, Middle Initial)  
**Beverly Krick**

Mailing Address PO Box 2113

City Redlands State CA Zip Code 92373-0681

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

Name of Employer None Occupation None

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **300**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 23 / 2015

**Transaction ID : A-CF3126**

Amount of Each Receipt this Period  
 100

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

3000.00

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

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

FOR LINE NUMBER: PAGE 12 OF 71  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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

**A.** Full Name (Last, First, Middle Initial)  
**Leslie Granow**  
 Mailing Address 865 17th Street  
 City State Zip Code  
 Manhattan Beach CA 90266  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 West Dermatology Accountant  
 Receipt For: 2016  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date  
**500**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 05 / 2015  
**Transaction ID : A-CF3035**  
 Amount of Each Receipt this Period  
**250**

**B.** Full Name (Last, First, Middle Initial)  
**Frederick W Noble**  
 Mailing Address 2045 E Tahquitz Canyon Way  
 City State Zip Code  
 Palm Springs CA 92262-7003  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Wintec Energy Ltd. CEO/President  
 Receipt For: 2016  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date  
**2700**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 31 / 2015  
**Transaction ID : A-CF3049**  
 Amount of Each Receipt this Period  
**2700**

**C.** Full Name (Last, First, Middle Initial)  
**Tobie Anderson**  
 Mailing Address 7225 Meurice Circle  
 City State Zip Code  
 Eastvale CA 92880-9454  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Eastvale Chamber of Commerce Executive  
 Receipt For: 2016  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date  
**500**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 31 / 2015  
**Transaction ID : A-IF3096**  
 Amount of Each Receipt this Period  
**500**  
 Inkind: Networking Consulting

**SUBTOTAL** of Receipts This Page (optional).....  
**TOTAL** This Period (last page this line number only).....

**3450.00**

**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 13 OF 71
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**John Van Winkle**

Mailing Address 1413 1/2 W Kenneth Road  
# 232

City State Zip Code  
Glendale CA 91201-1478

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

Name of Employer Occupation  
Thomas Partners Strategies Strategist

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**2500**

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
**12 31 2015**

**Transaction ID : A-IF3095**

Amount of Each Receipt this Period  
**750**

Inkind: Strategy Consulting

**B.** Full Name (Last, First, Middle Initial)  
**Thomas Bohr**

Mailing Address 425 Norwood Street

City State Zip Code  
Redlands CA 92373-5873

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

Name of Employer Occupation  
n/a Retired

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**500**

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
**12 10 2015**

**Transaction ID : A-CF3127**

Amount of Each Receipt this Period  
**250**

**C.** Full Name (Last, First, Middle Initial)  
**Thomas J Basile**

Mailing Address 26 Zachary Taylor Street

City State Zip Code  
Stony Point NY 10980-3692

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

Name of Employer Occupation  
Empire Solutions Consulting President

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**2500**

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
**12 31 2015**

**Transaction ID : A-IF3108**

Amount of Each Receipt this Period  
**500**

Inkind: Strategic Consulting

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

**1500.00**

**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 14 OF 71
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

Full Name (Last, First, Middle Initial) <b>A. Gregory R Grabowski</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 19 / 2015
Mailing Address 35 Gingham Street		<b>Transaction ID : A-CF2937</b>
City State Zip Code Trabuco Canyon CA 92679-5320	Amount of Each Receipt this Period _____ 100	
FEC ID number of contributing federal political committee. <b>C</b>	Name of Employer Occupation AHTNA Engineer	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 1200	

Full Name (Last, First, Middle Initial) <b>B. Elaine Fiveland</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 13 / 2015
Mailing Address 27468 Prominence Road		<b>Transaction ID : A-CF2953</b>
City State Zip Code Sun City CA 92586	Amount of Each Receipt this Period _____ 50	
FEC ID number of contributing federal political committee. <b>C</b>	Name of Employer Occupation SCPMG - Kaiser Medical Transcriptionist	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 380	

Full Name (Last, First, Middle Initial) <b>C. Russell Taylor</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 01 / 2015
Mailing Address 399 Chaney Avenue		<b>Transaction ID : A-CF2949</b>
City State Zip Code Cayucos CA 93430-1809	Amount of Each Receipt this Period _____ 100	
FEC ID number of contributing federal political committee. <b>C</b>	Name of Employer Occupation Retired Retired	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 325	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	_____ 250.00
<b>TOTAL</b> This Period (last page this line number only).....	_____

**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 15 OF 71
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**Charles B Johnson**

Mailing Address 1220 South Ocean Boulevard

City State Zip Code  
Palm Beach FL 33480

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

Name of Employer Occupation  
n/a Retired

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**5400**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 31 2015

**Transaction ID : A-CF3057**

Amount of Each Receipt this Period  
**2700**

**B.** Full Name (Last, First, Middle Initial)  
**Elaine Fiveland**

Mailing Address 27468 Prominence Road

City State Zip Code  
Sun City CA 92586

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

Name of Employer Occupation  
SCPMG - Kaiser Medical Transcriptionist

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**380**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 22 2015

**Transaction ID : A-CF2963**

Amount of Each Receipt this Period  
**50**

**C.** Full Name (Last, First, Middle Initial)  
**Theodore W Dutton**

Mailing Address 5053 Gateway Road

City State Zip Code  
Rancho Cucamonga CA 91701-1405

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

Name of Employer Occupation  
BCM Group Inc. Vice President/Construction Mgmt

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**450**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 10 2015

**Transaction ID : A-CF2944**

Amount of Each Receipt this Period  
**100**

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

**2850.00**

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

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

FOR LINE NUMBER: PAGE 16 OF 71  
(check only one)  
 11a  11b  11c  11d  
 12 13a 13b 14 15

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

**A.** Full Name (Last, First, Middle Initial)  
**Robert Porter**

Mailing Address 2439 Fremontia Drive

City San Bernardino State CA Zip Code 92404-3938

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

Name of Employer Self Employed Occupation Consultant

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2600**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**11 / 01 / 2015**

**Transaction ID : A-IF3099**

Amount of Each Receipt this Period  
**100**

Inkind: Photography for Campaign

**B.** Full Name (Last, First, Middle Initial)  
**Gary DeLong**

Mailing Address 5100 E. Anaheim Road

City Long Beach State CA Zip Code 90815

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

Name of Employer TMSI Occupation President

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1250**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**12 / 08 / 2015**

**Transaction ID : A-CF3041**

Amount of Each Receipt this Period  
**250**

**C.** Full Name (Last, First, Middle Initial)  
**Anthony C Balestrieri**

Mailing Address 440 L Street NW  
Unit 802

City Washington State DC Zip Code 20001-2580

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

Name of Employer MetLife Occupation Financial Services

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2500**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**12 / 31 / 2015**

**Transaction ID : A-CF3019**

Amount of Each Receipt this Period  
**1000**

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

**1350.00**

**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 17 OF 71
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**Richard J Riordan**

Mailing Address 10880 Wilshire Boulevard  
Suite 800

City Los Angeles State CA Zip Code 90024-4124

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

Name of Employer The Riordan Foundation Occupation CEO

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2700**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 07 / 2015

**Transaction ID : A-CF2973**

Amount of Each Receipt this Period  
**2700**

**B.** Full Name (Last, First, Middle Initial)  
**Clifford R Cummings**

Mailing Address 3377 Valencia Avenue

City San Bernardino State CA Zip Code 92404-2419

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

Name of Employer Toyota of San Bernardino Occupation President

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **4900**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 14 / 2015

**Transaction ID : A-CF2968**

Amount of Each Receipt this Period  
**700**

**C.** Full Name (Last, First, Middle Initial)  
**Dora Waters**

Mailing Address PO Box 581

City Redlands State CA Zip Code 92373-0201

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

Name of Employer Self Employed Occupation Investor

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 23 / 2015

**Transaction ID : A-CF3008**

Amount of Each Receipt this Period  
**250**

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

**3650.00**

**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 18 OF 71
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**Kerry Cummings**

Mailing Address 330 Alabama Street

City State Zip Code  
Redlands CA 92373-8096

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

Name of Employer Occupation  
Fox Dance Studio Owner

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**500**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 20 / 2015

**Transaction ID : A-IF3103**

Amount of Each Receipt this Period  
**500**

Inkind: Bumper Stickers

**B.** Full Name (Last, First, Middle Initial)  
**Thomas M. Brickley**

Mailing Address 957 Reece Street

City State Zip Code  
San Bernardino CA 92411-2356

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

Name of Employer Occupation  
Brickley Construction President

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1000**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 23 / 2015

**Transaction ID : A-PIP21**

Amount of Each Receipt this Period  
**250**

**[MEMO ITEM]**  
Partnership Itemization Memo

**C.** Full Name (Last, First, Middle Initial)  
**Kent B Hickman**

Mailing Address 152 Lizzie Mills Road

City State Zip Code  
Castleton VA 22716-2904

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

Name of Employer Occupation  
Retired Retired

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**550**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 29 / 2015

**Transaction ID : A-CF2918**

Amount of Each Receipt this Period  
**100**

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

**600.00**

**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 19 OF 71
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**Gregory G Rath**

Mailing Address 26551 Maside

City Mission Viejo State CA Zip Code 92692-3353

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

Name of Employer Retired Occupation Retired

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 01 / 2015

**Transaction ID : A-CF2888**

Amount of Each Receipt this Period  
**500**

**B.** Full Name (Last, First, Middle Initial)  
**Gregory R Grabowski**

Mailing Address 35 Gingham Street

City Trabuco Canyon State CA Zip Code 92679-5320

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

Name of Employer AHTNA Occupation Engineer

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1200**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 23 / 2015

**Transaction ID : A-CF3002**

Amount of Each Receipt this Period  
**100**

**C.** Full Name (Last, First, Middle Initial)  
**Joann L Marshall**

Mailing Address 1251 E Lugonia Avenue  
Space 115

City Redlands State CA Zip Code 92374-4731

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

Name of Employer Retired Occupation Retired

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **265**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 17 / 2015

**Transaction ID : A-CF2990**

Amount of Each Receipt this Period  
**50**

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

**650.00**

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

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

FOR LINE NUMBER: PAGE 20 OF 71  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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

**A.** Full Name (Last, First, Middle Initial)  
**Clifford R Cummings**

Mailing Address 3377 Valencia Avenue

City San Bernardino State CA Zip Code 92404-2419

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

Name of Employer Toyota of San Bernardino Occupation President

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **4900**

Date of Receipt  
M M / D D / Y Y Y Y Y  
12 / 14 / 2015

**Transaction ID : A-CF2971**

Amount of Each Receipt this Period  
**1500**

**B.** Full Name (Last, First, Middle Initial)  
**Brickley Construction**

Mailing Address 957 Reece Street

City San Bernardino State CA Zip Code 92411-2356

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

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250**

Date of Receipt  
M M / D D / Y Y Y Y Y  
12 / 23 / 2015

**Transaction ID : A-CF3017**

Amount of Each Receipt this Period  
**250**

Contribution from Partnership. Partners exceeding reporting threshold itemized as memos.

**C.** Full Name (Last, First, Middle Initial)  
**Paul Cappitelli**

Mailing Address 7658 Via Vivaldi

City San Diego State CA Zip Code 92127-3820

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

Name of Employer Retired Occupation Retired

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **400**

Date of Receipt  
M M / D D / Y Y Y Y Y  
12 / 02 / 2015

**Transaction ID : A-CF3031**

Amount of Each Receipt this Period  
**100**

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

**1850.00**

**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 21 OF 71
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**Luis Galdamez**

Mailing Address 34630 Black Cherry Street

City Winchester State CA Zip Code 92596-8615

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

Name of Employer Self Employed Occupation Consultant

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 31 / 2015

**Transaction ID : A-IF3101**

Amount of Each Receipt this Period  
**1000**

Inkind: Advocacy Consulting

**B.** Full Name (Last, First, Middle Initial)  
**Tom Blackshear**

Mailing Address PO Box 71

City Yucaipa State CA Zip Code 92399-0071

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

Name of Employer Self Employed Occupation Painter

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2500**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 30 / 2015

**Transaction ID : A-IF3107**

Amount of Each Receipt this Period  
**1000**

Inkind: Community Engagement Consulting

**C.** Full Name (Last, First, Middle Initial)  
**Mark Receveur**

Mailing Address 5673 Columbia Road Apt. 102

City Columbia State MD Zip Code 21044-1691

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

Name of Employer L3 Occupation Government Contractor

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 01 / 2015

**Transaction ID : A-CF2897**

Amount of Each Receipt this Period  
**1000**

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

**3000.00**

**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 22 OF 71
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**Joann L Marshall**

Mailing Address 1251 E Lugonia Avenue  
Space 115

City Redlands State CA Zip Code 92374-4731

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

Name of Employer Retired Occupation Retired

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **265**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 05 / 2015

**Transaction ID : A-CF2856**

Amount of Each Receipt this Period  
 50

**B.** Full Name (Last, First, Middle Initial)  
**Mark Edwards**

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 and Associate Occupation Real Estate Broker

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2700**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 10 / 2015

**Transaction ID : A-CF2974**

Amount of Each Receipt this Period  
 2200

**C.** Full Name (Last, First, Middle Initial)  
**Jerri Potras**

Mailing Address 1055 E Eckerman Avenue

City West Covina State CA Zip Code 91790-1742

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

Name of Employer Retired Occupation Retired

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **400**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 31 / 2015

**Transaction ID : A-CF3059**

Amount of Each Receipt this Period  
 100

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

2350.00

**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 23 OF 71
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**Thomas M. Brickley**

Mailing Address 957 Reece Street

City San Bernardino State CA Zip Code 92411-2356

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

Name of Employer Brickley Construction Occupation President

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 23 / 2015

**Transaction ID : A-CF3016**

Amount of Each Receipt this Period  
 250

**B.** Full Name (Last, First, Middle Initial)  
**Robin Haynal**

Mailing Address PO Box 919

City Yucaipa State CA Zip Code 92399-0919

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

Name of Employer Self Employed Occupation Consultant

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2500**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 31 / 2015

**Transaction ID : A-IF3098**

Amount of Each Receipt this Period  
 1000

Inkind: Media Consulting

**C.** Full Name (Last, First, Middle Initial)  
**Wendy A Romeo**

Mailing Address 9333 Lemon Avenue

City Rancho Cucamonga State CA Zip Code 91701-4135

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

Name of Employer Self Employed Occupation Consultant

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2375**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 30 / 2015

**Transaction ID : A-IF3094**

Amount of Each Receipt this Period  
 750

Inkind: Event Coordination and Consulting

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

2000.00

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

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

FOR LINE NUMBER: PAGE 24 OF 71  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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

**A.** Full Name (Last, First, Middle Initial)  
**Mariana Elder**

Mailing Address 25733 Van Leuven Street  
Apt. 38

City Loma Linda State CA Zip Code 92354-2540

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

Name of Employer Fontana USD Occupation High School Math Teacher

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
500

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 14 / 2015

**Transaction ID : A-CF2970**

Amount of Each Receipt this Period  
500

**B.** Full Name (Last, First, Middle Initial)  
**Gary Campbell**

Mailing Address 27552 Rolling Wood Lane

City San Juan Capistrano State CA Zip Code 92675

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

Name of Employer Retired Occupation Retired

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
750

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 30 / 2015

**Transaction ID : A-CF3082**

Amount of Each Receipt this Period  
750

**C.** Full Name (Last, First, Middle Initial)  
**Paul Cappitelli**

Mailing Address 7658 Via Vivaldi

City San Diego State CA Zip Code 92127-3820

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

Name of Employer Retired Occupation Retired

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
400

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 31 / 2015

**Transaction ID : A-CF3090**

Amount of Each Receipt this Period  
100

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

1350.00

**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 25 OF 71
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**Anthony W Grande**

Mailing Address 12630 Warbler Avenue

City State Zip Code  
Grand Terrace CA 92313-5731

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

Name of Employer Occupation  
CLGT Solutions Contractor

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**222**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 22 / 2015

**Transaction ID : A-CF3075**

Amount of Each Receipt this Period  
**75**

**B.** Full Name (Last, First, Middle Initial)  
**Elaine Fiveland**

Mailing Address 27468 Prominence Road

City State Zip Code  
Sun City CA 92586

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

Name of Employer Occupation  
SCPMG - Kaiser Medical Transcriptionist

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**380**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 29 / 2015

**Transaction ID : A-CF3079**

Amount of Each Receipt this Period  
**25**

**C.** Full Name (Last, First, Middle Initial)  
**Russell Taylor**

Mailing Address 399 Chaney Avenue

City State Zip Code  
Cayucos CA 93430-1809

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

Name of Employer Occupation  
Retired Retired

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**325**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 01 / 2015

**Transaction ID : A-CF3030**

Amount of Each Receipt this Period  
**50**

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

**150.00**

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

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

FOR LINE NUMBER: PAGE 26 OF 71  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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

**A.** Full Name (Last, First, Middle Initial)  
**Richard Goodman**

Mailing Address 18 Cypress Point Lane

City Newport Beach State CA Zip Code 92660

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

Name of Employer N/A Occupation Retired

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date **250**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 23 / 2015

**Transaction ID : A-CF3013**

Amount of Each Receipt this Period  
**250**

**B.** Full Name (Last, First, Middle Initial)  
**Harry Pellman M.D.**

Mailing Address 16691 Greenview Lane

City Huntington Beach State CA Zip Code 92649-3772

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

Name of Employer Self Employed Occupation Physician

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date **300**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 19 / 2015

**Transaction ID : A-CF2934**

Amount of Each Receipt this Period  
**200**

**C.** Full Name (Last, First, Middle Initial)  
**Dale R Broome M.D.**

Mailing Address 503 E Mariposa Drive

City Redlands State CA Zip Code 92373-7351

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

Name of Employer Beaver Medical Group, LP Occupation Physician

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date **4100**

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

**Transaction ID : A-CF3033**

Amount of Each Receipt this Period  
**500**

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

**950.00**

**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 27 OF 71
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**Kathleen A Faxon**

Mailing Address 1568 Ridge Street

City	State	Zip Code
Redlands	CA	92373-7051

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

Name of Employer	Occupation
Retired	Retired

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **300**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**12 / 29 / 2015**

**Transaction ID : A-CF3051**

Amount of Each Receipt this Period  
**100**

**B.** Full Name (Last, First, Middle Initial)  
**Kenneth Hunter**

Mailing Address 20 Dearborn Circle

City	State	Zip Code
Redlands	CA	92374-5534

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

Name of Employer	Occupation
Re/Max Advantage	Realtor

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1700**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**11 / 01 / 2015**

**Transaction ID : A-IF3104**

Amount of Each Receipt this Period  
**500**

Inkind: Graphic Design and T-Shirts

**C.** Full Name (Last, First, Middle Initial)  
**Victor Sands**

Mailing Address 810 N Bedford Drive

City	State	Zip Code
Beverly Hills	CA	90210-3024

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

Name of Employer	Occupation
Retired	Retired

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**10 / 13 / 2015**

**Transaction ID : A-CF2913**

Amount of Each Receipt this Period  
**1000**

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

**1600.00**

**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 28 OF 71
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**Bill Buster**

Mailing Address 37837 Oak Glen Road

City State Zip Code  
Oak Glen CA 92399

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

Name of Employer Occupation  
William Buster Company Business Owner

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1000**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 30 / 2015

**Transaction ID : A-CF3026**

Amount of Each Receipt this Period  
**1000**

**B.** Full Name (Last, First, Middle Initial)  
**Marc Troast**

Mailing Address 5887 Via Las Nubes

City State Zip Code  
Riverside CA 92506

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

Name of Employer Occupation  
Capital Campaigns Consultant

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**2700**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 24 / 2015

**Transaction ID : A-IF3100**

Amount of Each Receipt this Period  
**175**

Inkind: Fundraising Consulting

**C.** Full Name (Last, First, Middle Initial)  
**Thomas Bohr**

Mailing Address 425 Norwood Street

City State Zip Code  
Redlands CA 92373-5873

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

Name of Employer Occupation  
n/a Retired

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**500**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 17 / 2015

**Transaction ID : A-CF2988**

Amount of Each Receipt this Period  
**250**

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

**1425.00**

**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 29 OF 71
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**Michael Warder**

Mailing Address 2172 Malati Circle

City Upland State CA Zip Code 91784-7301

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

Name of Employer The Warder Consultant Occupation Consultant

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **450**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 18 / 2015

**Transaction ID : A-CF2957**

Amount of Each Receipt this Period  
**100**

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

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 **1100**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 10 / 2015

**Transaction ID : A-CF2975**

Amount of Each Receipt this Period  
**500**

**C.** Full Name (Last, First, Middle Initial)  
**Thomas Bell**

Mailing Address 800 Alabama Street

City Redlands State CA Zip Code 92374

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

Name of Employer Tom Bell Chevrolet Occupation Auto Dealer

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **4000**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 10 / 2015

**Transaction ID : A-CF2929**

Amount of Each Receipt this Period  
**1300**

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

**1900.00**

**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 30 OF 71
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**Michael Warder**

Mailing Address 2172 Malati Circle

City Upland State CA Zip Code 91784-7301

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

Name of Employer The Warder Consultant Occupation Consultant

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **450**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 13 / 2015

**Transaction ID : A-CF3043**

Amount of Each Receipt this Period  
**250**

**B.** Full Name (Last, First, Middle Initial)  
**Arleen D Gray**

Mailing Address 11627 Lark Court

City Fontana State CA Zip Code 92337-1067

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

Name of Employer L. A. Co. Sheriff's Dept. Occupation Deputy Sheriff

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **650**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 23 / 2015

**Transaction ID : A-CF3015**

Amount of Each Receipt this Period  
**200**

**C.** Full Name (Last, First, Middle Initial)  
**Ray L Lozano**

Mailing Address 2179 Larimore Lane

City Mentone State CA Zip Code 92359-9520

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

Name of Employer Self Employed Occupation Motivational Speaker

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **300**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 14 / 2015

**Transaction ID : A-CF2954**

Amount of Each Receipt this Period  
**250**

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

**700.00**

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

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

FOR LINE NUMBER: PAGE 31 OF 71  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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

**A.** Full Name (Last, First, Middle Initial)  
**Carla Sands**

Mailing Address 11611 San Vicente Blvd #1000

City Los Angeles State CA Zip Code 90049

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

Name of Employer Chairman Occupation Vintage Capital Group

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date **500**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 27 / 2015

**Transaction ID : A-CF3000**

Amount of Each Receipt this Period  
**500**

**B.** Full Name (Last, First, Middle Initial)  
**Thomas Bell**

Mailing Address 800 Alabama Street

City Redlands State CA Zip Code 92374

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

Name of Employer Tom Bell Chevrolet Occupation Auto Dealer

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date **4000**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 11 / 10 / 2015

**Transaction ID : A-CF2928**

Amount of Each Receipt this Period  
**700**

**C.** Full Name (Last, First, Middle Initial)  
**Ewelina Nowakowska**

Mailing Address 5206 Sentinel Ridge

City Eagleville State PA Zip Code 19403-5275

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

Name of Employer Self Employed Occupation Web Designer

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date **2600**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 10 / 31 / 2015

**Transaction ID : A-IF3106**

Amount of Each Receipt this Period  
**100**  
 Inkind: Website Consulting

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

**1300.00**

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

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

FOR LINE NUMBER: PAGE 32 OF 71  
(check only one)  
 11a 12   
  11b 13a   
  11c 13b   
  11d 14   
  15

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

**A.** Full Name (Last, First, Middle Initial)  
**Guillermo Lopez**

Mailing Address 7252 Birkdale Place

City Rancho Cucamonga State CA Zip Code 91730

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

Name of Employer Bank Of America Occupation Banker

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date **1550**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 30 / 2015

**Transaction ID : A-IF3105**

Amount of Each Receipt this Period  
 1500

Inkind: Editing Services

**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

**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

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

1500.00

50300.00

**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 33 OF 71
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**Combat Veterans for Congress PAC**

Mailing Address 2307 Fenton Parkway  
Suite 107-184

City San Diego State CA Zip Code 92108-4746

FEC ID number of contributing federal political committee. **C** C00469239

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3500

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 31 / 2015

**Transaction ID : A-IF3160**

Amount of Each Receipt this Period  
3500

Inkind: Donor Lists

**B.** Full Name (Last, First, Middle Initial)  
**Los Angeles County Lincoln Club**

Mailing Address 50 E Foothill Blvd 3rd Floor

City Arcadia State CA Zip Code 91006

FEC ID number of contributing federal political committee. **C** C00248658

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 31 / 2015

**Transaction ID : A-CF3063**

Amount of Each Receipt this Period  
1000

**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

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

4500.00

4500.00

**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 34 OF 71	
	<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. Combat Veterans for Congress PAC</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 31 / 2015
Mailing Address 2307 Fenton Parkway Suite 107-184		Amount of Each Disbursement this Period 3500 <b>Transaction ID : B-I-3160</b>
City San Diego State CA Zip Code 92108-4746	Purpose of Disbursement Inkind: Donor Lists Candidate Name Category/Type	
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. Campaign Solutions dba Edonation.com</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 14 / 2015
Mailing Address 117 N Saint Asaph Street		Amount of Each Disbursement this Period 147.14 <b>Transaction ID : B-E-2966</b>
City Alexandria State VA Zip Code 22314-3109	Purpose of Disbursement Credit Card Processing Fees Candidate Name Category/Type	
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. Robin Haynal</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 31 / 2015
Mailing Address PO Box 919		Amount of Each Disbursement this Period 1000 <b>Transaction ID : B-I-3098</b>
City Yucaipa State CA Zip Code 92399-0919	Purpose of Disbursement Inkind: Media Consulting Candidate Name Category/Type	
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).....	4647.14
<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 35 OF 71	
	<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. Political Media Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 06 / 2015
Mailing Address 406 1st Street SE Suite 3		Amount of Each Disbursement this Period 1200 <b>Transaction ID : B-E-2884</b>
City Washington	State DC Zip Code 20003-1856	
Purpose of Disbursement Media Consulting	Category/Type 001	
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. Kerry Cummings</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 20 / 2015
Mailing Address 330 Alabama Street		Amount of Each Disbursement this Period 500 <b>Transaction ID : B-I-3103</b>
City Redlands	State CA Zip Code 92373-8096	
Purpose of Disbursement Inkind: Bumper Stickers	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. eFundraising Connections</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2015
Mailing Address 2131 Capitol Avenue Suite 306		Amount of Each Disbursement this Period 3.1 <b>Transaction ID : B-E-2816</b>
City Sacramento	State CA Zip Code 95816-5755	
Purpose of Disbursement Credit Card Processing Fees	Category/Type 001	
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).....	1703.10
<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 36 OF 71			
	<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. The KAL Group</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 08 / 2015
Mailing Address 976 Pacific Avenue		Amount of Each Disbursement this Period 565.96 <b>Transaction ID : B-E-2821</b>
City Willows State CA Zip Code 95988-9788	Purpose of Disbursement Bookkeeping 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:	Category/Type 001	

Full Name (Last, First, Middle Initial) <b>B. Cardmember Service</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 14 / 2015
Mailing Address PO Box 94014		Amount of Each Disbursement this Period 26 <b>Transaction ID : B-E-2984</b>
City Palatine State IL Zip Code 60094-4014	Purpose of Disbursement Credit Card Payment:See Memos 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:	Category/Type 001	

Full Name (Last, First, Middle Initial) <b>c. Zach Rosas</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 30 / 2015
Mailing Address 8167 Vineyard Avenue Apt. 107		Amount of Each Disbursement this Period 1000 <b>Transaction ID : B-I-3093</b>
City Rancho Cucamonga State CA Zip Code 91730-3391	Purpose of Disbursement Inkind: Event Coordination and Outreach 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:	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1591.96
<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 37 OF 71	
	<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)

**A. Cardmember Service**

Mailing Address PO Box 94014

City Palatine State IL Zip Code 60094-4014

Purpose of Disbursement Credit Card: See Memos

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify)

State: District:

Date of Disbursement: 11 / 06 / 2015

Amount of Each Disbursement this Period: 2056.67

Transaction ID : B-E-2883

Original vendors exceeding reporting threshold itemized as memo transactions.

Category/Type: 001

Full Name (Last, First, Middle Initial)

**B. Enterprise Rent-A-Car**

Mailing Address 9849 Foothill Boulevard Suite F

City Rancho Cucamonga State CA Zip Code 91730-3681

Purpose of Disbursement Car Rental

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify)

State: District:

Date of Disbursement: 11 / 06 / 2015

Amount of Each Disbursement this Period: 621.79

Transaction ID : B-S-676

[MEMO ITEM]  
Subitemization of Cardmember Service(11/06/15)

Category/Type: 002

Full Name (Last, First, Middle Initial)

**C. ConstantContact.com**

Mailing Address 85 Second Street Suite 100

City San Francisco State CA Zip Code 94105

Purpose of Disbursement Marketing

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify)

State: District:

Date of Disbursement: 11 / 06 / 2015

Amount of Each Disbursement this Period: 50

Transaction ID : B-S-659

[MEMO ITEM]  
Subitemization of Cardmember Service(11/06/15)

Category/Type: 004

**SUBTOTAL** of Disbursements This Page (optional)..... 2056.67

**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 38 OF 71	
	<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. USP Fulfillment Services**

Full Name (Last, First, Middle Initial)  
Mailing Address 9221 Charles Smith Avenue

City Rancho Cucamonga State CA Zip Code 91730-5507

Purpose of Disbursement Postage & Shipping

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify)

State: District:

Date of Disbursement: 11 / 06 / 2015

Amount of Each Disbursement this Period: 208.98

Transaction ID : B-S-643

**[MEMO ITEM]**  
Subitemization of Cardmember Service(11/06/15)

**B. American Airlines**

Full Name (Last, First, Middle Initial)  
Mailing Address 4333 Amon Carter Boulevard

City Fort Worth State TX Zip Code 76155-2605

Purpose of Disbursement Meal

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify)

State: District:

Date of Disbursement: 11 / 06 / 2015

Amount of Each Disbursement this Period: 7.99

Transaction ID : B-S-667

**[MEMO ITEM]**  
Subitemization of Cardmember Service(11/06/15)

**C. USPS**

Full Name (Last, First, Middle Initial)  
Mailing Address 10950 Arrow Rte

City Rancho Cucamonga State CA Zip Code 91729-7411

Purpose of Disbursement Postage & Shipping

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify)

State: District:

Date of Disbursement: 11 / 06 / 2015

Amount of Each Disbursement this Period: 10

Transaction ID : B-S-682

**[MEMO ITEM]**  
Subitemization of Cardmember Service(11/06/15)

**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 39 OF 71			
	<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. The Icon Group</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 06 / 2015
Mailing Address 801 28th Street		Amount of Each Disbursement this Period 135.17
City Bakersfield	State CA	
Zip Code 93301-2562	Purpose of Disbursement Consulting	Transaction ID : B-S-684
Candidate Name	001 Category/ Type	
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)	[MEMO ITEM] Subitemization of Cardmember Service(11/06/15)
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Ralph's</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 06 / 2015
Mailing Address 7243 Haven Avenue		Amount of Each Disbursement this Period 100
City Rancho Cucamonga	State CA	
Zip Code 91701-6063	Purpose of Disbursement Meals	Transaction ID : B-S-670
Candidate Name	001 Category/ Type	
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)	[MEMO ITEM] Subitemization of Cardmember Service(11/06/15)
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Crowne Plaza Washington National Airport</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 06 / 2015
Mailing Address 1480 Crystal Drive		Amount of Each Disbursement this Period 1.99
City Arlington	State VA	
Zip Code 22202-3231	Purpose of Disbursement Newspaper	Transaction ID : B-S-658
Candidate Name	001 Category/ Type	
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)	[MEMO ITEM] Subitemization of Cardmember Service(11/06/15)
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 40 OF 71			
	<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. T-Mobile</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 06 / 2015
Mailing Address 12920 SE 38th Street		Amount of Each Disbursement this Period 63.85
City Bellevue State WA Zip Code 98006-1350	Purpose of Disbursement Cell Phone	
Candidate Name	Category/Type 001	<b>Transaction ID : B-S-691</b>  <b>[MEMO ITEM]</b> Subitemization of Cardmember Service(11/06/15)
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. Cardmember Service</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 08 / 2015
Mailing Address PO Box 94014		Amount of Each Disbursement this Period 1810.93
City Palatine State IL Zip Code 60094-4014	Purpose of Disbursement Credit Card: See Memos	
Candidate Name	Category/Type 001	<b>Transaction ID : B-E-2604</b>  Original vendors exceeding reporting threshold itemized as memo transactions.
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. ConstantContact.com</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 08 / 2015
Mailing Address 85 Second Street Suite 100		Amount of Each Disbursement this Period 50
City San Francisco State CA Zip Code 94105	Purpose of Disbursement Email Marketing	
Candidate Name	Category/Type 001	<b>Transaction ID : B-S-542</b>  <b>[MEMO ITEM]</b> Subitemization of Cardmember Service(10/08/15)
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).....	1810.93
<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 41 OF 71			
	<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. Enterprise Rent-A-Car</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 08 / 2015
Mailing Address 9849 Foothill Boulevard Suite F		Amount of Each Disbursement this Period 615.59
City Rancho Cucamonga	State CA	Zip Code 91730-3681
Purpose of Disbursement Car Rental	Category/Type 002	
Candidate Name	Transaction ID : B-S-541	
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>[MEMO ITEM]</b> Subitemization of Cardmember Service(10/08/15)
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Ralph's</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 08 / 2015
Mailing Address 7243 Haven Avenue		Amount of Each Disbursement this Period 100
City Rancho Cucamonga	State CA	Zip Code 91701-6063
Purpose of Disbursement Food for Events	Category/Type 001	
Candidate Name	Transaction ID : B-S-547	
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>[MEMO ITEM]</b> Subitemization of Cardmember Service(10/08/15)
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Ralph's</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 08 / 2015
Mailing Address 7243 Haven Avenue		Amount of Each Disbursement this Period 70.2
City Rancho Cucamonga	State CA	Zip Code 91701-6063
Purpose of Disbursement Food for Events	Category/Type 001	
Candidate Name	Transaction ID : B-S-559	
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>[MEMO ITEM]</b> Subitemization of Cardmember Service(10/08/15)
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 42 OF 71			
	<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. Ralph's</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 08 / 2015
Mailing Address 7243 Haven Avenue		Amount of Each Disbursement this Period 155.55
City Rancho Cucamonga	State CA	Zip Code 91701-6063
Purpose of Disbursement Food for Events	Category/Type 001	
Candidate Name	Transaction ID : B-S-565	
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:	[MEMO ITEM] Subitemization of Cardmember Service(10/08/15)	

Full Name (Last, First, Middle Initial) <b>B. Amazon</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 08 / 2015
Mailing Address 1200 12th Avenue S Suite 1200		Amount of Each Disbursement this Period 104.75
City Seattle	State WA	Zip Code 98144-2734
Purpose of Disbursement Office Supplies	Category/Type 001	
Candidate Name	Transaction ID : B-S-534	
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:	[MEMO ITEM] Subitemization of Cardmember Service(10/08/15)	

Full Name (Last, First, Middle Initial) <b>C. Amazon</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 08 / 2015
Mailing Address 1200 12th Avenue S Suite 1200		Amount of Each Disbursement this Period 14.99
City Seattle	State WA	Zip Code 98144-2734
Purpose of Disbursement Office Supplies	Category/Type 001	
Candidate Name	Transaction ID : B-S-570	
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:	[MEMO ITEM] Subitemization of Cardmember Service(10/08/15)	

<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 43 OF 71			
	<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. T-Mobile</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 08 / 2015
Mailing Address 12920 SE 38th Street		Amount of Each Disbursement this Period 63.62
City Bellevue	State WA Zip Code 98006-1350	
Purpose of Disbursement Cell Phone	Category/Type 001	<b>Transaction ID : B-S-577</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)	<b>[MEMO ITEM]</b> Subitemization of Cardmember Service(10/08/15)
State: District:		

Full Name (Last, First, Middle Initial) <b>B. eFundraising Connections</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 18 / 2015
Mailing Address 2131 Capitol Avenue Suite 306		Amount of Each Disbursement this Period 16.75
City Sacramento	State CA Zip Code 95816-5755	
Purpose of Disbursement Credit Card Processing Fees	Category/Type 001	<b>Transaction ID : B-E-2998</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. Luis Galdamez</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2015
Mailing Address 34630 Black Cherry Street		Amount of Each Disbursement this Period 1000
City Winchester	State CA Zip Code 92596-8615	
Purpose of Disbursement Inkind: Advocacy Consulting	Category/Type	<b>Transaction ID : B-I-3101</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).....	1016.75
<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 44 OF 71			
	<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. Guillermo Lopez</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 30 / 2015
Mailing Address 7252 Birkdale Place		Amount of Each Disbursement this Period 1500 <b>Transaction ID : B-I-3105</b>
City Rancho Cucamonga	State CA Zip Code 91730	
Purpose of Disbursement Inkind: Editing 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:		

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 10 / 08 / 2015
Mailing Address 117 N Saint Asaph Street		Amount of Each Disbursement this Period 243.36 <b>Transaction ID : B-E-2824</b>
City Alexandria	State VA Zip Code 22314-3109	
Purpose of Disbursement Web Hosting and Blast Emails	Category/Type 003	
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. Andrew Rosas</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 31 / 2015
Mailing Address 8167 Vineyard Avenue Apt. 107		Amount of Each Disbursement this Period 200 <b>Transaction ID : B-I-3109</b>
City Rancho Cucamonga	State CA Zip Code 91730-3391	
Purpose of Disbursement Inkind: Social Media Consulting	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).....	1943.36
<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 45 OF 71	
	<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. Lisa Lopez</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 30 / 2015
Mailing Address 7252 Birkdale Place		Amount of Each Disbursement this Period 1500 <b>Transaction ID : B-I-3102</b>
City Rancho Cucamonga	State CA Zip Code 91730	
Purpose of Disbursement Inkind: Editing 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:		

Full Name (Last, First, Middle Initial) <b>B. Tom Blackshear</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 30 / 2015
Mailing Address PO Box 71		Amount of Each Disbursement this Period 1000 <b>Transaction ID : B-I-3107</b>
City Yucaipa	State CA Zip Code 92399-0071	
Purpose of Disbursement Inkind: Community Engagement Consulting	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. Campaign Solutions dba Edonation.com</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 05 / 2015
Mailing Address 117 N Saint Asaph Street		Amount of Each Disbursement this Period 1193.2 <b>Transaction ID : B-E-2812</b>
City Alexandria	State VA Zip Code 22314-3109	
Purpose of Disbursement Credit Card Processing and Commissions	Category/Type 003	
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).....	3693.20
<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 46 OF 71	
	<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 10 / 30 / 2015
Mailing Address 38 Executive Park Suite 390		Amount of Each Disbursement this Period 2651.56 <b>Transaction ID : B-E-2875</b>
City Irvine State CA Zip Code 92614-4730	Purpose of Disbursement Fundraising Consulting Candidate Name Category/Type 001	
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. Robert Porter</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 01 / 2015
Mailing Address 2439 Fremontia Drive		Amount of Each Disbursement this Period 100 <b>Transaction ID : B-I-3099</b>
City San Bernardino State CA Zip Code 92404-3938	Purpose of Disbursement Inkind: Photography for Campaign Candidate Name Category/Type	
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. Campaign Solutions dba Edonation.com</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 12 / 2015
Mailing Address 117 N Saint Asaph Street		Amount of Each Disbursement this Period 768.11 <b>Transaction ID : B-E-2924</b>
City Alexandria State VA Zip Code 22314-3109	Purpose of Disbursement Credit Card Processing and Commissions Candidate Name Category/Type 001	
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).....	3519.67
<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 47 OF 71	
	<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. Churches in Action**

Full Name (Last, First, Middle Initial)  
Mailing Address 9641 Virginia Avenue

City South Gate State CA Zip Code 90280-4513

Purpose of Disbursement Prayer Breakfast Event

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify)

State: District:

Date of Disbursement: 10 / 12 / 2015

Amount of Each Disbursement this Period: 1000

Transaction ID : B-E-2859

Category/Type: 001

**B. eFundraising Connections**

Full Name (Last, First, Middle Initial)  
Mailing Address 2131 Capitol Avenue Suite 306

City Sacramento State CA Zip Code 95816-5755

Purpose of Disbursement Credit Card Processing Fees

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify)

State: District:

Date of Disbursement: 12 / 16 / 2015

Amount of Each Disbursement this Period: 212.75

Transaction ID : B-E-2997

Category/Type: 001

**c. eFundraising Connections**

Full Name (Last, First, Middle Initial)  
Mailing Address 2131 Capitol Avenue Suite 306

City Sacramento State CA Zip Code 95816-5755

Purpose of Disbursement Credit Card Processing Fees

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify)

State: District:

Date of Disbursement: 12 / 29 / 2015

Amount of Each Disbursement this Period: 33

Transaction ID : B-E-3066

Category/Type: 001

**SUBTOTAL** of Disbursements This Page (optional) ..... 1245.75

**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 48 OF 71	
	<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. Tobie Anderson</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 31 / 2015
Mailing Address 7225 Meurice Circle		Amount of Each Disbursement this Period 500 <b>Transaction ID : B-I-3096</b>
City Eastvale State CA Zip Code 92880-9454	Purpose of Disbursement Inkind: Networking Consulting Candidate Name Category/Type	
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. eFundraising Connections</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 07 / 2015
Mailing Address 2131 Capitol Avenue Suite 306		Amount of Each Disbursement this Period 1.15 <b>Transaction ID : B-E-2967</b>
City Sacramento State CA Zip Code 95816-5755	Purpose of Disbursement Credit Card Processing Fees Candidate Name Category/Type	
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. The KAL Group</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 13 / 2015
Mailing Address 976 Pacific Avenue		Amount of Each Disbursement this Period 869.69 <b>Transaction ID : B-E-2878</b>
City Willows State CA Zip Code 95988-9788	Purpose of Disbursement Bookkeeping Candidate Name Category/Type	
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).....	1370.84
<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 49 OF 71	
	<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. Steven Castellano</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 31 / 2015
Mailing Address 6601 Blue Oaks Blvd., Apt. 204		Amount of Each Disbursement this Period 1250 <b>Transaction ID : B-I-3097</b>
City Rocklin	State CA	
Zip Code 95765	Purpose of Disbursement Inkind: Campaign Outreach Consulting	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. eFundraising Connections</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 15 / 2015
Mailing Address 2131 Capitol Avenue Suite 306		Amount of Each Disbursement this Period 7 <b>Transaction ID : B-E-2986</b>
City Sacramento	State CA	
Zip Code 95816-5755	Purpose of Disbursement Credit Card Processing Fees	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. Amanda Hamilton</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 31 / 2015
Mailing Address 70 I Street SE Apt. 915		Amount of Each Disbursement this Period 500 <b>Transaction ID : B-I-3110</b>
City Washington	State DC	
Zip Code 20003-4831	Purpose of Disbursement Inkind: Campaign Consulting	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).....	1757.00
<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 50 OF 71	
	<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. Campaign Solutions dba Edonation.com</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 06 / 2015
Mailing Address 117 N Saint Asaph Street		Amount of Each Disbursement this Period 50 <b>Transaction ID : B-E-2886</b>
City Alexandria State VA Zip Code 22314-3109	Purpose of Disbursement Website Hosting Candidate Name Category/Type 001	
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. Kenneth Hunter</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 01 / 2015
Mailing Address 20 Dearborn Circle		Amount of Each Disbursement this Period 500 <b>Transaction ID : B-I-3104</b>
City Redlands State CA Zip Code 92374-5534	Purpose of Disbursement Inkind: Graphic Design and T-Shirts Candidate Name Category/Type	
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. Capital Campaigns Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 12 / 2015
Mailing Address 38 Executive Park Suite 390		Amount of Each Disbursement this Period 2636.8 <b>Transaction ID : B-E-2925</b>
City Irvine State CA Zip Code 92614-4730	Purpose of Disbursement Fundraising Consulting and Expenses Candidate Name Category/Type 003	
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).....	3186.80
<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 51 OF 71			
	<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. eFundraising Connections</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 21 / 2015
Mailing Address 2131 Capitol Avenue Suite 306		Amount of Each Disbursement this Period 7 <b>Transaction ID : B-E-2999</b>
City Sacramento State CA Zip Code 95816-5755	Purpose of Disbursement Credit Card Processing Fees 001 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. Complete Campaigns</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2015
Mailing Address 205 Pennsylvania Avenue SE		Amount of Each Disbursement this Period 350 <b>Transaction ID : B-E-2682</b>
City Washington State DC Zip Code 20003-1164	Purpose of Disbursement Administrative/Salary/Overhead: Software 001 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. Political Media Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 08 / 2015
Mailing Address 406 1st Street SE Suite 3		Amount of Each Disbursement this Period 1250 <b>Transaction ID : B-E-2823</b>
City Washington State DC Zip Code 20003-1856	Purpose of Disbursement Media Consulting 001 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).....	1607.00
<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 52 OF 71			
	<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. eFundraising Connections</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 06 / 2015
Mailing Address 2131 Capitol Avenue Suite 306		Amount of Each Disbursement this Period 14 <b>Transaction ID : B-E-2863</b>
City Sacramento State CA Zip Code 95816-5755	Purpose of Disbursement Credit Card Processing Fees 001 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. John Van Winkle</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 31 / 2015
Mailing Address 1413 1/2 W Kenneth Road # 232		Amount of Each Disbursement this Period 750 <b>Transaction ID : B-I-3095</b>
City Glendale State CA Zip Code 91201-1478	Purpose of Disbursement Inkind: Strategy Consulting	
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. eFundraising Connections</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 13 / 2015
Mailing Address 2131 Capitol Avenue Suite 306		Amount of Each Disbursement this Period 7 <b>Transaction ID : B-E-2881</b>
City Sacramento State CA Zip Code 95816-5755	Purpose of Disbursement Credit Card Processing Fees 001 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).....	771.00
<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 53 OF 71			
	<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. eFundraising Connections</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 08 / 2015</b>
Mailing Address 2131 Capitol Avenue Suite 306		Amount of Each Disbursement this Period <b>0.83</b> <b>Transaction ID : B-E-2864</b>
City Sacramento State CA Zip Code 95816-5755	Purpose of Disbursement Credit Card Processing Fees Candidate Name Category/Type <b>001</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. eFundraising Connections</b>		Date of Disbursement M M / D D / Y Y Y Y <b>11 / 10 / 2015</b>
Mailing Address 2131 Capitol Avenue Suite 306		Amount of Each Disbursement this Period <b>3.75</b> <b>Transaction ID : B-E-2882</b>
City Sacramento State CA Zip Code 95816-5755	Purpose of Disbursement Credit Card Processing Fees Candidate Name Category/Type <b>001</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. eFundraising Connections</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 05 / 2015</b>
Mailing Address 2131 Capitol Avenue Suite 306		Amount of Each Disbursement this Period <b>2.13</b> <b>Transaction ID : B-E-2818</b>
City Sacramento State CA Zip Code 95816-5755	Purpose of Disbursement Credit Card Processing Fees Candidate Name Category/Type <b>001</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).....	<b>6.71</b>
<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 54 OF 71		
	<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. Marc Troast</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 24 / 2015
Mailing Address 5887 Via Las Nubes		Amount of Each Disbursement this Period 175 <b>Transaction ID : B-I-3100</b>
City Riverside	State CA	
Zip Code 92506	Purpose of Disbursement Inkind: Fundraising Consulting	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. Complete Campaigns</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 17 / 2015
Mailing Address 205 Pennsylvania Avenue SE		Amount of Each Disbursement this Period 35 <b>Transaction ID : B-E-2989</b>
City Washington	State DC	
Zip Code 20003-1164	Purpose of Disbursement Credit Card Processing Fees	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. Complete Campaigns</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 29 / 2015
Mailing Address 205 Pennsylvania Avenue SE		Amount of Each Disbursement this Period 350 <b>Transaction ID : B-E-2874</b>
City Washington	State DC	
Zip Code 20003-1164	Purpose of Disbursement Administrative/Salary/Overhead: Software	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).....	560.00
<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 55 OF 71			
	<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. Mission Inn, Riverside**

Full Name (Last, First, Middle Initial)  
Mailing Address 3649 Mission Inn Avenue

City Riverside State CA Zip Code 92501-3364

Purpose of Disbursement  
Fundraising: Fundraiser Facility

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 / 06 / 2015

Amount of Each Disbursement this Period  
500

Transaction ID : B-E-2885

Category/Type: 003

**B. eFundraising Connections**

Full Name (Last, First, Middle Initial)  
Mailing Address 2131 Capitol Avenue Suite 306

City Sacramento State CA Zip Code 95816-5755

Purpose of Disbursement  
Credit Card Processing Fees

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  
10 / 13 / 2015

Amount of Each Disbursement this Period  
1.8

Transaction ID : B-E-2877

Category/Type: 001

**C. Complete Campaigns**

Full Name (Last, First, Middle Initial)  
Mailing Address 205 Pennsylvania Avenue SE

City Washington State DC Zip Code 20003-1164

Purpose of Disbursement  
Credit Card Processing Fees

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 / 10 / 2015

Amount of Each Disbursement this Period  
12.5

Transaction ID : B-E-3128

Category/Type: 001

**SUBTOTAL** of Disbursements This Page (optional)..... 514.30

**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 56 OF 71			
	<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. Cardmember Service**

Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 94014

City Palatine State IL Zip Code 60094-4014

Purpose of Disbursement  
Credit Card Payment: See Memos

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  
10 / 08 / 2015

Amount of Each Disbursement this Period  
3667.69

Transaction ID : B-E-2825

Original vendors exceeding reporting threshold itemized as memo transactions.

Category/Type: 001

**B. ConstantContact.com**

Full Name (Last, First, Middle Initial)  
Mailing Address 85 Second Street Suite 100

City San Francisco State CA Zip Code 94105

Purpose of Disbursement  
Email Marketing

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  
10 / 08 / 2015

Amount of Each Disbursement this Period  
25

Transaction ID : B-S-588

[MEMO ITEM]  
Subitemization of Cardmember Service(10/08/15)

Category/Type: 004

**c. ConstantContact.com**

Full Name (Last, First, Middle Initial)  
Mailing Address 85 Second Street Suite 100

City San Francisco State CA Zip Code 94105

Purpose of Disbursement  
Email Marketing

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  
10 / 08 / 2015

Amount of Each Disbursement this Period  
50

Transaction ID : B-S-595

[MEMO ITEM]  
Subitemization of Cardmember Service(10/08/15)

Category/Type: 004

**SUBTOTAL** of Disbursements This Page (optional)..... 3667.69

**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 57 OF 71	
	<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. Enterprise Rent-A-Car</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 08 / 2015
Mailing Address 9849 Foothill Boulevard Suite F		Amount of Each Disbursement this Period 615.59
City Rancho Cucamonga	State CA Zip Code 91730-3681	
Purpose of Disbursement Rental Car	Category/Type 002	<b>Transaction ID : B-S-605</b>  <b>[MEMO ITEM]</b> Subitemization of Cardmember Service(10/08/15)
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. USP Fulfillment Services</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 08 / 2015
Mailing Address 9221 Charles Smith Avenue		Amount of Each Disbursement this Period 251.42
City Rancho Cucamonga	State CA Zip Code 91730-5507	
Purpose of Disbursement Postage & Shipping	Category/Type 001	<b>Transaction ID : B-S-622</b>  <b>[MEMO ITEM]</b> Subitemization of Cardmember Service(10/08/15)
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. Facebook</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 08 / 2015
Mailing Address 1 Hacker Way		Amount of Each Disbursement this Period 27.84
City Menlo Park	State CA Zip Code 94025-1456	
Purpose of Disbursement Advertising	Category/Type 004	<b>Transaction ID : B-S-616</b>  <b>[MEMO ITEM]</b> Subitemization of Cardmember Service(10/08/15)
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 58 OF 71			
	<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. Office Depot</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 08 / 2015
Mailing Address 8160 Day Creek Boulevard		Amount of Each Disbursement this Period 242.96
City Rancho Cucamonga State CA Zip Code 91739-9329	Purpose of Disbursement Office Supplies 001 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Transaction ID : B-S-591  [MEMO ITEM] Subitemization of Cardmember Service(10/08/15)
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. Office Depot</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 08 / 2015
Mailing Address 8160 Day Creek Boulevard		Amount of Each Disbursement this Period 196
City Rancho Cucamonga State CA Zip Code 91739-9329	Purpose of Disbursement Office Supplies 001 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Transaction ID : B-S-614  [MEMO ITEM] Subitemization of Cardmember Service(10/08/15)
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. Amazon</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 08 / 2015
Mailing Address 1200 12th Avenue S Suite 1200		Amount of Each Disbursement this Period 5.1
City Seattle State WA Zip Code 98144-2734	Purpose of Disbursement Office Supplies 001 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Transaction ID : B-S-581  [MEMO ITEM] Subitemization of Cardmember Service(10/08/15)
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).....	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 59 OF 71			
	<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)  
**A. Amazon**

Mailing Address 1200 12th Avenue S  
Suite 1200

City Seattle State WA Zip Code 98144-2734

Purpose of Disbursement Office Supplies Category/Type 001

Candidate Name

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

State: District:

Date of Disbursement 10 / 08 / 2015

Amount of Each Disbursement this Period 18.98

Transaction ID : B-S-594

**[MEMO ITEM]**  
Subitemization of Cardmember Service(10/08/15)

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

Mailing Address 1200 12th Avenue S  
Suite 1200

City Seattle State WA Zip Code 98144-2734

Purpose of Disbursement Office Supplies Category/Type 001

Candidate Name

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

State: District:

Date of Disbursement 10 / 08 / 2015

Amount of Each Disbursement this Period 9.99

Transaction ID : B-S-596

**[MEMO ITEM]**  
Subitemization of Cardmember Service(10/08/15)

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

Mailing Address 1200 12th Avenue S  
Suite 1200

City Seattle State WA Zip Code 98144-2734

Purpose of Disbursement Office Supplies Category/Type 001

Candidate Name

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

State: District:

Date of Disbursement 10 / 08 / 2015

Amount of Each Disbursement this Period 23.74

Transaction ID : B-S-599

**[MEMO ITEM]**  
Subitemization of Cardmember Service(10/08/15)

**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 60 OF 71	
	<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. Amazon</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 08 / 2015
Mailing Address 1200 12th Avenue S Suite 1200		Amount of Each Disbursement this Period 11.79
City Seattle	State WA	
Zip Code 98144-2734	Purpose of Disbursement Office Supplies	Transaction ID : B-S-603
Candidate Name	001 Category/Type	
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)	[MEMO ITEM] Subitemization of Cardmember Service(10/08/15)
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Amazon</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 08 / 2015
Mailing Address 1200 12th Avenue S Suite 1200		Amount of Each Disbursement this Period 29
City Seattle	State WA	
Zip Code 98144-2734	Purpose of Disbursement Office Supplies	Transaction ID : B-S-604
Candidate Name	001 Category/Type	
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)	[MEMO ITEM] Subitemization of Cardmember Service(10/08/15)
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Amazon</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 08 / 2015
Mailing Address 1200 12th Avenue S Suite 1200		Amount of Each Disbursement this Period 16.45
City Seattle	State WA	
Zip Code 98144-2734	Purpose of Disbursement Office Supplies	Transaction ID : B-S-624
Candidate Name	001 Category/Type	
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)	[MEMO ITEM] Subitemization of Cardmember Service(10/08/15)
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 61 OF 71			
	<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. Amazon</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 08 / 2015
Mailing Address 1200 12th Avenue S Suite 1200		Amount of Each Disbursement this Period 11.87
City Seattle	State WA	
Zip Code 98144-2734	Purpose of Disbursement Office Supplies	<b>Transaction ID : B-S-629</b>
Candidate Name	001 Category/ Type	
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>[MEMO ITEM]</b> Subitemization of Cardmember Service(10/08/15)
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Amazon</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 08 / 2015
Mailing Address 1200 12th Avenue S Suite 1200		Amount of Each Disbursement this Period 9.99
City Seattle	State WA	
Zip Code 98144-2734	Purpose of Disbursement Office Supplies	<b>Transaction ID : B-S-600</b>
Candidate Name	001 Category/ Type	
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>[MEMO ITEM]</b> Subitemization of Cardmember Service(10/08/15)
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Amazon</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 08 / 2015
Mailing Address 1200 12th Avenue S Suite 1200		Amount of Each Disbursement this Period 31.8
City Seattle	State WA	
Zip Code 98144-2734	Purpose of Disbursement Office Supplies	<b>Transaction ID : B-S-601</b>
Candidate Name	001 Category/ Type	
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>[MEMO ITEM]</b> Subitemization of Cardmember Service(10/08/15)
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 62 OF 71	
	<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. Amazon</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 08 / 2015
Mailing Address 1200 12th Avenue S Suite 1200		Amount of Each Disbursement this Period 11.65
City Seattle	State WA	
Zip Code 98144-2734	Purpose of Disbursement Office Supplies	Transaction ID : B-S-602
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)	[MEMO ITEM] Subitemization of Cardmember Service(10/08/15)
State: District:		

Full Name (Last, First, Middle Initial) <b>B. American Airlines</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 08 / 2015
Mailing Address 4333 Amon Carter Boulevard		Amount of Each Disbursement this Period 416.7
City Fort Worth	State TX	
Zip Code 76155-2605	Purpose of Disbursement Air Travel	Transaction ID : B-S-611
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)	[MEMO ITEM] Subitemization of Cardmember Service(10/08/15)
State: District:		

Full Name (Last, First, Middle Initial) <b>C. USPS</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 08 / 2015
Mailing Address 10950 Arrow Rte		Amount of Each Disbursement this Period 490
City Rancho Cucamonga	State CA	
Zip Code 91729-7411	Purpose of Disbursement Postage & Shipping	Transaction ID : B-S-623
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)	[MEMO ITEM] Subitemization of Cardmember Service(10/08/15)
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 63 OF 71			
	<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. USPS</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 08 / 2015</b>
Mailing Address 10950 Arrow Rte		Amount of Each Disbursement this Period <b>129.36</b>
City Rancho Cucamonga	State CA	Zip Code 91729-7411
Purpose of Disbursement Postage & Shipping	Category/Type <b>001</b>	
Candidate Name	Transaction ID : <b>B-S-630</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:	[MEMO ITEM] Subitemization of Cardmember Service(10/08/15)	

Full Name (Last, First, Middle Initial) <b>B. T-Mobile</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 08 / 2015</b>
Mailing Address 12920 SE 38th Street		Amount of Each Disbursement this Period <b>63.85</b>
City Bellevue	State WA	Zip Code 98006-1350
Purpose of Disbursement Cell Phone	Category/Type <b>001</b>	
Candidate Name	Transaction ID : <b>B-S-635</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:	[MEMO ITEM] Subitemization of Cardmember Service(10/08/15)	

Full Name (Last, First, Middle Initial) <b>c. Three Leaves LLC</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 08 / 2015</b>
Mailing Address 940 Science Boulevard Suite C		Amount of Each Disbursement this Period <b>333.9</b>
City Columbus	State OH	Zip Code 43230-6664
Purpose of Disbursement Printing	Category/Type <b>001</b>	
Candidate Name	Transaction ID : <b>B-S-621</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:	[MEMO ITEM] Subitemization of Cardmember Service(10/08/15)	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>0.00</b>
<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 64 OF 71			
	<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. Wendy A Romeo</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 30 / 2015
Mailing Address 9333 Lemon Avenue		Amount of Each Disbursement this Period 750 <b>Transaction ID : B-I-3094</b>
City Rancho Cucamonga	State CA Zip Code 91701-4135	
Purpose of Disbursement Inkind: Event Coordination and Consulting	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. Thomas J Basile</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 31 / 2015
Mailing Address 26 Zachary Taylor Street		Amount of Each Disbursement this Period 500 <b>Transaction ID : B-I-3108</b>
City Stony Point	State NY Zip Code 10980-3692	
Purpose of Disbursement Inkind: Strategic Consulting	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. eFundraising Connections</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 15 / 2015
Mailing Address 2131 Capitol Avenue Suite 306		Amount of Each Disbursement this Period 14 <b>Transaction ID : B-E-2996</b>
City Sacramento	State CA Zip Code 95816-5755	
Purpose of Disbursement Credit Card Processing Fees	Category/Type 001	
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).....	1264.00
<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 65 OF 71			
	<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 10 / 05 / 2015
Mailing Address 38 Executive Park Suite 390		Amount of Each Disbursement this Period 2644.52
City Irvine	State CA Zip Code 92614-4730	
Purpose of Disbursement Fundraising Consulting	Category/Type 001	<b>Transaction ID : B-E-2697</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. eFundraising Connections</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 02 / 2015
Mailing Address 2131 Capitol Avenue Suite 306		Amount of Each Disbursement this Period 5.88
City Sacramento	State CA Zip Code 95816-5755	
Purpose of Disbursement Credit Card Processing Fees	Category/Type 001	<b>Transaction ID : B-E-2817</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. Ewelina Nowakowska</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2015
Mailing Address 5206 Sentinel Ridge		Amount of Each Disbursement this Period 100
City Eagleville	State PA Zip Code 19403-5275	
Purpose of Disbursement Inkind: Website Consulting	Category/Type	<b>Transaction ID : B-I-3106</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).....	2750.40
<b>TOTAL</b> This Period (last page this line number only).....	40684.27

**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 66 OF 71	
	<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)  
**Paul Chabot Congress**

Full Name (Last, First, Middle Initial) <b>A. Churches in Action</b>		Date of Disbursement M M / D D / Y Y Y Y <b>11 / 30 / 2015</b>
Mailing Address <b>9641 Virginia Avenue</b>		Amount of Each Disbursement this Period <b>250</b> <b>Transaction ID : B-E-2941</b>
City <b>South Gate</b> State <b>CA</b> Zip Code <b>90280-4513</b>	Purpose of Disbursement Charitable Donation: Donation <b>012</b> 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.</b>		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State Zip Code	
Purpose of Disbursement	Candidate Name	Category/Type
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:		

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	
Purpose of Disbursement	Candidate Name	Category/Type
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>250.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	<b>250.00</b>

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

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

FOR LINE NUMBER:  
(check only one)

13a  
 13b

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

Transaction ID : **SC/10-L3**

**LOAN SOURCE** Full Name (Last, First, Middle Initial)  
**Dr. Paul R Chabot**

**[PERSONAL FUNDS]**

Election: 2014

Primary  
 General  
 Other (specify) ▼  
Primary 2014

Mailing Address  
12223 Highland Avenue  
# 106-228

City State ZIP Code  
Rch Cucamonga CA 91739-2574

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period  
62000 33100 28900

**TERMS**

Date Incurred Date Due Interest Rate Secured:  
M 03 / D 06 / Y 2014 M M / D D / Y 12/31/2016 0.00 % (apr)  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:

**SUBTOTALS** This Period This Page (optional)..... ▶ 28900.00

**TOTALS** 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 : **SC/10-L4**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <b>Dr. Paul R Chabot</b>	<b>[PERSONAL FUNDS]</b>	Election: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Primary 2014
Mailing Address 12223 Highland Avenue # 106-228		
City Rch Cucamonga	State CA	ZIP Code 91739-2574

Original Amount of Loan 4500	Cumulative Payment To Date 0	Balance Outstanding at Close of This Period 4500
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<b>TERMS</b>	Date Incurred M 05 / D 29 / Y 2014	Date Due M / D / Y 12/31/2016	Interest Rate 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).....	▶	[ ]
<b>Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.</b>		

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

NAME OF COMMITTEE (In Full) **Paul Chabot Congress** Transaction ID : **SC/10-L5**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <b>Dr. Paul R Chabot</b>	<b>[PERSONAL FUNDS]</b>	Election: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ General 2014
Mailing Address 12223 Highland Avenue # 106-228		
City Rch Cucamonga	State CA	ZIP Code 91739-2574

Original Amount of Loan 75000	Cumulative Payment To Date 25100	Balance Outstanding at Close of This Period 49900
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**TERMS**

Date Incurred M 09 / D 23 / Y 2014	Date Due M / D / Y 12/31/2016	Interest Rate 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).....	▶	49900.00
<b>TOTALS</b> This Period (last page in this line only).....	▶	83300.00

**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**

(Use separate schedule(s) for each numbered line)	PAGE 70 OF 71
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)

**Paul Chabot Congress**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Cardmember Service</b>		Nature of Debt (Purpose): Administrative/Salary/Overhead: Credit Card Payment: See Memos
Mailing Address PO Box 94014		
City State	Zip Code	
Palatine IL	60094-4014	

Outstanding Balance Beginning This Period	<b>Transaction ID : SD10-DEBT3115</b>	
<input type="text" value="5478.62"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="4784.12"/>	<input type="text" value="5478.62"/>	<input type="text" value="4784.12"/>

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

Outstanding Balance Beginning This Period	<b>Transaction ID : SD10-DEBT1767</b>	
<input type="text" value="485"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="485"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Political Media Inc.</b>		Nature of Debt (Purpose): Administrative/Salary/Overhead: Media Consulting
Mailing Address 406 1st Street SE Suite 3		
City State	Zip Code	
Washington DC	20003-1856	

Outstanding Balance Beginning This Period	<b>Transaction ID : SD10-DEBT3113</b>	
<input type="text" value="0"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="1200"/>	<input type="text" value="0"/>	<input type="text" value="1200"/>

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	<input type="text" value="6469.12"/>
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: Fundraising Consulting and Expenses
Mailing Address 38 Executive Park Suite 390		
City State	Zip Code	
Irvine	CA 92614-4730	

Outstanding Balance Beginning This Period	<b>Transaction ID : SD10-DEBT3158</b>	
0		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
5141.85	0	5141.85

B. 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

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) .....	5141.85
2) <b>TOTALS</b> This Period (last page this line number only) .....	11610.97
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	83300.00
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	94910.97