

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.

ADDRESS (number and street)

 Check if different than previously reported. (ACC)
CITY STATE ZIP CODE

2. **FEC IDENTIFICATION NUMBER**
3. IS THIS REPORT NEW (N) **OR** AMENDED (A)
STATE DISTRICT

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 in the State of
(c) 30-Day **POST**-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on in the State of

5. Covering Period / / through / /

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

Signature of Treasurer [Electronically Filed] Date / /

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

SUMMARY PAGE
of Receipts and Disbursements

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name
Paul Chabot Congress

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

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	500.00	2266.00
(b) Total Contribution Refunds (from Line 20(d))	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	500.00	2266.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	450.00	21623.11
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	450.00	21623.11
8. Cash on Hand at Close of Reporting Period (from Line 27).....	1049.08	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	75859.88	

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name

Paul Chabot Congress

Report Covering the Period: From: M M / D D / Y Y Y Y
07 / 01 / 2017 To: M M / D D / Y Y Y Y
09 / 30 / 2017

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).....	500.00	1000.00
(ii) Unitemized	0.00	266.00
(iii) TOTAL of contributions from individuals	500.00	1266.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	1000.00
(d) The Candidate	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	500.00	2266.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.)	0.00	650.87
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4).....	500.00	2916.87

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3 (Revised 05/2016)

PAGE 4 / 11

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	450.00	21623.11
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	2000.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	2000.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	450.00	23623.11

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	999.08
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	500.00
25. SUBTOTAL (add Line 23 and Line 24).....	1499.08
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	450.00
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	1049.08

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

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

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

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

NAME OF COMMITTEE (In Full)
Paul Chabot Congress

A. Full Name (Last, First, Middle Initial)
Thorsen, Carl, , ,

Mailing Address 4407 Highland Avenue

City: Bethesda State: MD Zip Code: 20814

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

Name of Employer: Thorsen-French Advocacy Occupation: Attorney

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 28 / 2017

Transaction ID : A-8704

Amount of Each Receipt this Period
500.00

Memo Item
 Debt Retirement

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

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

**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 6 OF 11	
	<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. Integrated Solution Political		Date of Disbursement M M / D D / Y Y Y Y 07 / 05 / 2017
Mailing Address 4142 Adams Avenue Suite 103-550		FEC Identification Number C
City San Diego	State CA	Zip Code 92116
Purpose of Disbursement Software	Category/Type 001	
Candidate Name		Amount of Each Disbursement this Period 150.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District: 00	Transaction ID : B-8700 <input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. Integrated Solution Political		Date of Disbursement M M / D D / Y Y Y Y 09 / 06 / 2017
Mailing Address 4142 Adams Avenue Suite 103-550		FEC Identification Number C
City San Diego	State CA	Zip Code 92116
Purpose of Disbursement Software	Category/Type 001	
Candidate Name		Amount of Each Disbursement this Period 150.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District: 00	Transaction ID : B-8703 <input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) c. Integrated Solution Political		Date of Disbursement M M / D D / Y Y Y Y 08 / 06 / 2017
Mailing Address 4142 Adams Avenue Suite 103-550		FEC Identification Number C
City San Diego	State CA	Zip Code 92116
Purpose of Disbursement Software	Category/Type 001	
Candidate Name		Amount of Each Disbursement this Period 150.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District: 00	Transaction ID : B-8702 <input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	450.00
TOTAL This Period (last page this line number only).....▶	450.00

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **Paul Chabot Congress** Transaction ID : **C-4783**

LOAN SOURCE Full Name (Last, First, Middle Initial) Chabot, Paul, R, Dr.,		<input type="checkbox"/> Memo Item	Election: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address PO Box 6656			
City McKinney	State TX	ZIP Code 75071	<input checked="" type="checkbox"/> Personal Funds of the Candidate

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

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional).....▶	20100.00
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 : **C-4784**

LOAN SOURCE Full Name (Last, First, Middle Initial) Chabot, Paul, R, Dr.,		<input type="checkbox"/> Memo Item	Election: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address PO Box 6656			
City McKinney	State TX	ZIP Code 75071	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 4500.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 4500.00
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TERMS	Date Incurred M 05 / D 29 / Y 2014	Date Due M 12 / D 31 / Y 2016	Interest Rate (If none, enter 0) 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional).....▶	4500.00
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 : **C-4785**

LOAN SOURCE Full Name (Last, First, Middle Initial) Chabot, Paul, R, Dr.,		<input type="checkbox"/> Memo Item	Election: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address PO Box 6656			
City McKinney	State TX	ZIP Code 75071	<input checked="" type="checkbox"/> Personal Funds of the Candidate

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

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M ⁰⁹ / D ²³ / Y 2014 Y	M ¹² / D ³¹ / Y 2016 Y	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

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

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

SCHEDULE D (FEC Form 3)
DEBTS AND OBLIGATIONS
Excluding Loans

NAME OF COMMITTEE (In Full)
Paul Chabot Congress

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

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

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

Outstanding Balance Beginning This Period 5062.44	Transaction ID : D-6666	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 5062.44

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

Outstanding Balance Beginning This Period 1000.00	Transaction ID : D-8694	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1000.00

1) SUBTOTALS This Period This Page (optional)	▶	6547.44
2) TOTALS This Period (last page this line number only)	▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	

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 Capital Campaigns Inc.			Nature of Debt (Purpose): Fundraising Consulting and Expenses
Mailing Address 38 Executive Park Suite 390			
City Irvine	State CA	Zip Code 92614-4730	

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

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

Outstanding Balance Beginning This Period 1250.00	Transaction ID : D-6669	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1250.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor			Nature of Debt (Purpose):
Mailing Address			
City	State	Zip Code	

Outstanding Balance Beginning This Period	Transaction ID :	
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period

1) SUBTOTALS This Period This Page (optional)	▶	3612.44
2) TOTALS This Period (last page this line number only)	▶	10159.88
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)	▶	65700.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	75859.88