

FEC FORM 3P **REPORT OF RECEIPTS AND DISBURSEMENTS**
 BY AN AUTHORIZED COMMITTEE OF A CANDIDATE FOR THE OFFICE OF PRESIDENT OR VICE PRESIDENT

Office Use Only

1. NAME OF COMMITTEE (in full, type or print) Example: If typing, type over the lines. 12FE4M5

Chafee 2016

ADDRESS (number and street) 1800 Post Road

Unit 17B

Check if different than previously reported. (ACC)

Warwick RI 02886

CITY STATE ZIP CODE

2. FEC IDENTIFICATION NUMBER C C00579706 3. THIS REPORT IS FOR Primary X or General

4. TYPE OF REPORT (Choose One) Check here if this is a Termination Report (TER) X

Quarterly Reports:

Monthly Reports:

- April 15 (Q1) October 15 (Q3)
- July 15 (Q2) January 31 Year-End Report (YE)
- Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11)
- Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12)
- Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)

Thirtieth day report following the General Election on M M / D D / Y Y Y Y Y Y Twelfth day report preceding M M / D D / Y Y Y Y Y Y election on M M / D D / Y Y Y Y Y Y in the State of

Is this Report an Amendment? X yes no

5. Covering Period 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 Mr. Jerauld Charles Adams

Signature of Treasurer Mr. Jerauld Charles Adams [Electronically Filed] Date 01 / 31 / 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. All previous versions of this form are obsolete and should no longer be used.

Office Use Only								
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Write or Type Committee Name

Chafee 2016

Report Covering the Period: From: 10 / 01 / 2015 To: 12 / 31 / 2015

SUMMARY

Table with 2 columns: Description and Amount. Rows include: 6. CASH ON HAND AT BEGINNING OF REPORTING PERIOD (284526.27), 7. TOTAL RECEIPTS THIS PERIOD (9934.72), 8. SUBTOTAL (294460.99), 9. TOTAL DISBURSEMENTS THIS PERIOD (294489.04), 10. CASH ON HAND AT CLOSE OF THE REPORTING PERIOD (-28.05), 11. DEBTS AND OBLIGATIONS OWED TO THE COMMITTEE (0.00), 12. DEBTS AND OBLIGATIONS OWED BY THE COMMITTEE (363694.14), 13. EXPENDITURES SUBJECT TO LIMITATION (0.00).

NET ELECTION CYCLE-TO-DATE CONTRIBUTIONS AND EXPENDITURES

Table with 2 columns: Description and Amount. Rows include: 14. NET CONTRIBUTIONS (Other than Loans) (54441.61), 15. NET OPERATING EXPENDITURES (418060.11).

DETAILED SUMMARY PAGE

FEC Form 3P (Rev. 03/2011)

of Receipts

NAME OF COMMITTEE (in Full)

Chafee 2016

Report Covering the Period: From:

M M / D D / Y Y Y Y
10 / 01 / 2015

To:

M M / D D / Y Y Y Y
12 / 31 / 2015

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
16. FEDERAL FUNDS (Itemize on Schedule A-P)	0.00	0.00
17. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) itemized	1000.00	24390.00
(ii) unitemized	4569.00	20902.00
(iii) Total contributions	5569.00	45292.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees	0.00	0.00
(d) The Candidate	4365.72	9149.61
(e) TOTAL CONTRIBUTIONS (other than loans) (Add 17(a), 17(b), 17(c) and 17(d))	9934.72	54441.61
18. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOANS RECEIVED:		
(a) Loans Received From or Guaranteed by Candidate	0.00	363694.14
(b) Other Loans	0.00	0.00
(c) TOTAL LOANS (Add 19(a) and 19(b))	0.00	363694.14
20. OFFSETS TO EXPENDITURES (Refunds, Rebates, etc.):		
(a) Operating	0.00	0.00
(b) Fundraising	0.00	0.00
(c) Legal and Accounting	0.00	0.00
(d) TOTAL OFFSETS TO EXPENDITURES (Add 20(a), 20(b) and 20(c))	0.00	0.00
21. OTHER RECEIPTS (Dividends, Interest, etc.)	0.00	0.00
22. TOTAL RECEIPTS (Add 16, 17(e), 18, 19(c), 20(d) and 21)	9934.72	418135.75

DETAILED SUMMARY PAGE

FEC Form 3P (Rev. 03/2011)

of Disbursements and Contributed Items

NAME OF COMMITTEE (in Full)

Chafee 2016

Report Covering the Period: From:

MM / DD / YYYY
10 / 01 / 2015

To:

MM / DD / YYYY
12 / 31 / 2015

II. DISBURSEMENTS

**COLUMN A
Total This Period**

**COLUMN B
Calendar Year-to-Date**

23. OPERATING EXPENDITURES.....	294489.04	418060.11
24. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
25. FUNDRAISING DISBURSEMENTS	0.00	103.69
26. EXEMPT LEGAL AND ACCOUNTING DISBURSEMENTS.....	0.00	0.00
27. LOAN REPAYMENTS MADE:		
(a) Repayments of Loans made or Guaranteed by Candidate.....	0.00	0.00
(b) Other Repayments	0.00	0.00
(c) TOTAL LOAN REPAYMENTS MADE (Add 27(a) and 27(b)).....	0.00	0.00
28. 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	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (Add 28(a), 28(b) and 28(c))	0.00	0.00
29. OTHER DISBURSEMENTS	0.00	0.00
30. TOTAL DISBURSEMENTS (Add 23, 24, 25, 26, 27(c), 28(d) and 29)	294489.04	418163.80

**III. CONTRIBUTED ITEMS
(Stock, Art Objects, Etc.)**

31. ITEMS ON HAND TO BE LIQUIDATED (Attach List)	0.00	
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FEC FORM 3P,
Federal Election Commission
999 E Street, N.W.
Washington, D.C. 20463

**ALLOCATION OF PRIMARY EXPENDITURES
BY STATE FOR
A PRESIDENTIAL CANDIDATE**
(Used Only by Primary Committees Receiving
or Expecting To Receive Federal Funds)

Office Use Only

1. NAME OF COMMITTEE (in full, type or print)

2. FEC IDENTIFICATION NUMBER

C C00579706

Chafee 2016

ADDRESS (number and street) 1800 Post Road
Unit 17B
Warwick RI 02886
CITY STATE ZIP CODE

3. NAME OF CANDIDATE

ALLOCATION BY STATE

STATE	ALLOCATION This Period	TOTAL ALLOCATION To Date
Alabama	0.00	0.00
Alaska	0.00	0.00
Arizona	0.00	0.00
Arkansas	0.00	0.00
California	0.00	0.00
Colorado	0.00	0.00
Connecticut	0.00	0.00
Delaware	0.00	0.00
District of Columbia	0.00	0.00
Florida	0.00	0.00
Georgia	0.00	0.00
Hawaii	0.00	0.00
Idaho	0.00	0.00
Illinois	0.00	0.00

<i>STATE</i>	<i>ALLOCATION This Period</i>	<i>TOTAL ALLOCATION To Date</i>
Indiana	0.00	0.00
Iowa	0.00	0.00
Kansas	0.00	0.00
Kentucky	0.00	0.00
Louisiana	0.00	0.00
Maine	0.00	0.00
Maryland	0.00	0.00
Massachusetts	0.00	0.00
Michigan	0.00	0.00
Minnesota	0.00	0.00
Mississippi	0.00	0.00
Missouri	0.00	0.00
Montana	0.00	0.00
Nebraska	0.00	0.00
Nevada	0.00	0.00
New Hampshire	0.00	0.00
New Jersey	0.00	0.00
New Mexico	0.00	0.00
New York	0.00	0.00
North Carolina	0.00	0.00
North Dakota	0.00	0.00
Ohio	0.00	0.00
Oklahoma	0.00	0.00
Oregon	0.00	0.00
Pennsylvania	0.00	0.00

<i>STATE</i>	<i>ALLOCATION This Period</i>	<i>TOTAL ALLOCATION To Date</i>
Rhode Island	0.00	0.00
South Carolina	0.00	0.00
South Dakota	0.00	0.00
Tennessee	0.00	0.00
Texas	0.00	0.00
Utah	0.00	0.00
Vermont	0.00	0.00
Virginia	0.00	0.00
Washington	0.00	0.00
West Virginia	0.00	0.00
Wisconsin	0.00	0.00
Wyoming	0.00	0.00
Puerto Rico	0.00	0.00
Guam	0.00	0.00
Virgin Islands	0.00	0.00
TOTALS	0.00	0.00

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFHZG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: F3PA

Transaction ID :

This is the final report as the candidate, Lincoln Chafee, has dropped out of the Presidential race

Form/Schedule:

Transaction ID:

SCHEDULE A-P ITEMIZED RECEIPTS

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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

NAME OF COMMITTEE (In Full)
Chafee 2016

A. Full Name (Last, First, Middle Initial)
John Nassikas

Mailing Address 6115 Ramshorn Pl

City	State	Zip Code
Mc Lean	VA	22101-2421

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

Name of Employer: retired
Occupation: Retired

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : VR05BF4MP74

Date of Receipt

M M / D D / Y Y Y Y
10 / 07 / 2015

Amount of Each Receipt this Period

1000.00

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

Mailing Address n/a

City	State	Zip Code
n/a	DC	00000

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

Name of Employer
Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
4569.00

Transaction ID : AAAAAA1

Date of Receipt

M M / D D / Y Y Y Y
12 / 31 / 2015

Amount of Each Receipt this Period

4569.00

[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

Amount of Each Receipt this Period

--

Subtotal Of Receipts This Page (optional).....▶ 1000.00

Total This Period (last page this line number only).....▶ 1000.00

**SCHEDULE A-P
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input checked="" type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Chafee 2016

A. Full Name (Last, First, Middle Initial)
Lincoln Chafee

Mailing Address PO Box 7328

City Warwick State RI Zip Code 02887-7328

FEC ID number of contributing federal political committee. **C** P60008075

Name of Employer n/a Occupation Candidate

Receipt For: 2016
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 4833.21

Transaction ID : VR05BF4MNS5

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

Amount of Each Receipt this Period
20.00

* In-Kind: NEWSEUM Parking Washington

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

Mailing Address PO Box 7328

City Warwick State RI Zip Code 02887-7328

FEC ID number of contributing federal political committee. **C** P60008075

Name of Employer n/a Occupation Candidate

Receipt For: 2016
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 4833.21

Transaction ID : VR05BF4MNT3

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

Amount of Each Receipt this Period
29.32

* In-Kind: Sunoco fuel purchase

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

Mailing Address PO Box 7328

City Warwick State RI Zip Code 02887-7328

FEC ID number of contributing federal political committee. **C** P60008075

Name of Employer n/a Occupation Candidate

Receipt For: 2016
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 8832.21

Transaction ID : VR05BF4MNV1

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

Amount of Each Receipt this Period
3999.00

* In-Kind: Figmint's Hosting

Subtotal Of Receipts This Page (optional).....▶ 4048.32

Total This Period (last page this line number only).....▶

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
Chafee 2016

Full Name (Last, First, Middle Initial) A. Lincoln Chafee		Date of Disbursement MM / DD / YYYY 10 / 01 / 2015
Mailing Address PO Box 7328		Transaction ID : VR05BF4MNS5I
City Warwick	State RI	
Purpose of Disbursement NEWSEUM Parking Washington	Candidate Name	Amount of Each Disbursement this Period 20.00
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. Lincoln Chafee		Date of Disbursement MM / DD / YYYY 10 / 01 / 2015
Mailing Address PO Box 7328		Transaction ID : VR05BF4MNT3I
City Warwick	State RI	
Purpose of Disbursement Sunoco fuel purchase	Candidate Name	Amount of Each Disbursement this Period 29.32
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) c. Lincoln Chafee		Date of Disbursement MM / DD / YYYY 10 / 13 / 2015
Mailing Address PO Box 7328		Transaction ID : VR05BF4MNV1I
City Warwick	State RI	
Purpose of Disbursement Figmint's Hosting	Candidate Name	Amount of Each Disbursement this Period 3999.00
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: _____		

Subtotal Of Receipts This Page (optional)..... 4048.32

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
Chafee 2016

Full Name (Last, First, Middle Initial) A. Lincoln Chafee		Date of Disbursement MM / DD / YYYY 10 / 14 / 2015
Mailing Address PO Box 7328		Transaction ID : VR05BF4MNW9I
City Warwick	State RI	
Purpose of Disbursement American LAS	Candidate Name	Amount of Each Disbursement this Period 317.40
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. Lincoln Chafee		Date of Disbursement MM / DD / YYYY 10 / 14 / 2015
Mailing Address PO Box 7328		Transaction ID : VR05BF4MNX7I
City Warwick	State RI	
Purpose of Disbursement MASSPORT PK Boston	Candidate Name	Amount of Each Disbursement this Period 102.00
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) c. Lincoln Chafee		Date of Disbursement MM / DD / YYYY 10 / 14 / 2015
Mailing Address PO Box 7328		Transaction ID : VR05BF4MNY5I
City Warwick	State RI	
Purpose of Disbursement Circus Circus Hotel	Candidate Name	Amount of Each Disbursement this Period 190.40
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: _____		

Subtotal Of Receipts This Page (optional)..... 317.40

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
Chafee 2016

Full Name (Last, First, Middle Initial) A. Lincoln Chafee		Date of Disbursement MM / DD / YYYY 10 / 30 / 2015
Mailing Address PO Box 7328		Transaction ID : VQZ63A68PQ3
City Warwick	State RI	
Purpose of Disbursement Reimburse expenses		Amount of Each Disbursement this Period 4107.72
Candidate Name		reimburse expenses
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. Lincoln Chafee		Date of Disbursement MM / DD / YYYY 11 / 13 / 2015
Mailing Address PO Box 7328		Transaction ID : VQZ63A68PX1
City Warwick	State RI	
Purpose of Disbursement Reimburse personal loan to the campaign		Amount of Each Disbursement this Period 10000.00
Candidate Name		Loan Repayment
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) c. Lincoln Chafee		Date of Disbursement MM / DD / YYYY 12 / 23 / 2015
Mailing Address PO Box 7328		Transaction ID : VQZ63A68Q38
City Warwick	State RI	
Purpose of Disbursement Reimburse personal loan to the campaign		Amount of Each Disbursement this Period 223896.55
Candidate Name		Loan repayment
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:	

Subtotal Of Receipts This Page (optional)..... 238004.27

Total This Period (last page this line number only).....

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

Form/Schedule: SB23

Transaction ID : VQZ63A68Q38

After all expenses/disbursements paid and cleared the balance of the money in the Campaign checking account was returned to the Candidate to reimburse him for some of the money he loaned the campaign. The checking account was closed when this was done.

Form/Schedule:

Transaction ID:

SCHEDULE B-P ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
Chafee 2016

Full Name (Last, First, Middle Initial) A. Coc Communications		Date of Disbursement MM / DD / YYYY 10 / 20 / 2015
Mailing Address PO Box 1259		Transaction ID : VQZ63A68R05
City Oaks	State PA	
Zip Code 19456-1259	Purpose of Disbursement Internet	Amount of Each Disbursement this Period 215.04
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. EMC Insurance Co		Date of Disbursement MM / DD / YYYY 10 / 13 / 2015
Mailing Address 200 Crossings Blvd Ste 300		Transaction ID : VQZ63A68R13
City Warwick	State RI	
Zip Code 02886-2872	Purpose of Disbursement Insurance expense	Amount of Each Disbursement this Period 71.25
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) c. Ross Hestvedt		Date of Disbursement MM / DD / YYYY 10 / 13 / 2015
Mailing Address 1800 Post Rd		Transaction ID : VQZ63A68623
City Warwick	State RI	
Zip Code 02886-1550	Purpose of Disbursement Campaign Consulting	Amount of Each Disbursement this Period 500.00
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:		

Subtotal Of Receipts This Page (optional)..... 786.29

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
Chafee 2016

A. NGP Van

Full Name (Last, First, Middle Initial)

Mailing Address 1101 15th St NW

City Washington State DC Zip Code 20005-5002

Purpose of Disbursement Database assistance

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 / 14 / 2015

Transaction ID : VQZ63A68R21

Amount of Each Disbursement this Period 5450.00

Category/Type

B. Debbie Rich

Full Name (Last, First, Middle Initial)

Mailing Address 671 Orleans Ct

City Warwick State RI Zip Code 02886-1712

Purpose of Disbursement Communications/Scheduling Services

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 / 05 / 2015

Transaction ID : VQZ63A68QA1

Amount of Each Disbursement this Period 7500.00

Category/Type

Invoice #6

c. Debbie Rich

Full Name (Last, First, Middle Initial)

Mailing Address 671 Orleans Ct

City Warwick State RI Zip Code 02886-1712

Purpose of Disbursement Communications/Scheduling Services

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 / 29 / 2015

Transaction ID : VQZ63A68QC7

Amount of Each Disbursement this Period 8000.00

Category/Type

Invoice #7

Subtotal Of Receipts This Page (optional)..... 20950.00

Total This Period (last page this line number only).....

SCHEDULE B-P ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
Chafee 2016

Full Name (Last, First, Middle Initial) A. Debbie Rich		Date of Disbursement MM / DD / YYYY 10 / 30 / 2015
Mailing Address 671 Orleans Ct		Transaction ID : VQZ63A68QF1
City Warwick	State RI Zip Code 02886-1712	
Purpose of Disbursement Travel expense	Category/Type	Amount of Each Disbursement this Period 9427.14
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Reimburse L.V. Hotel expenses
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. Jonathan Stevens		Date of Disbursement MM / DD / YYYY 10 / 05 / 2015
Mailing Address 29 Windsor Rd		Transaction ID : VQZ63A68QK2
City Cranston	State RI Zip Code 02905-3724	
Purpose of Disbursement Campaign Management	Category/Type	Amount of Each Disbursement this Period 9000.00
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Invoice #8
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) c. Jonathan Stevens		Date of Disbursement MM / DD / YYYY 10 / 05 / 2015
Mailing Address 29 Windsor Rd		Transaction ID : VQZ63A68QQ4
City Cranston	State RI Zip Code 02905-3724	
Purpose of Disbursement Campaign Materials	Category/Type	Amount of Each Disbursement this Period 75.78
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	reimburse for stamps, supplies
State: District:	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Subtotal Of Receipts This Page (optional)..... 9427.14

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

23 24 25 26 27a
 27b 28a 28b 28c 29

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NAME OF COMMITTEE (In Full)
Chafee 2016

Full Name (Last, First, Middle Initial) A. Jonathan Stevens		Date of Disbursement MM / DD / YYYY 10 / 28 / 2015
Mailing Address 29 Windsor Rd		Transaction ID : VQZ63A68QM0
City Cranston State RI Zip Code 02905-3724	Amount of Each Disbursement this Period 10000.00	
Purpose of Disbursement Campaign Management	Candidate Name	Invoice #9
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B. Jonathan Stevens		Date of Disbursement MM / DD / YYYY 10 / 28 / 2015
Mailing Address 29 Windsor Rd		Transaction ID : VQZ63A68QN8
City Cranston State RI Zip Code 02905-3724	Amount of Each Disbursement this Period 107.63	
Purpose of Disbursement Campaign Materials	Candidate Name	Reimburse for ink, copies
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) c. Jonathan Stevens		Date of Disbursement MM / DD / YYYY 11 / 02 / 2015
Mailing Address 29 Windsor Rd		Transaction ID : VQZ63A68QH7
City Cranston State RI Zip Code 02905-3724	Amount of Each Disbursement this Period 10000.00	
Purpose of Disbursement Campaign Management	Candidate Name	Invoice #10
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Subtotal Of Receipts This Page (optional)..... 20107.63

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
Chafee 2016

Full Name (Last, First, Middle Initial) A. Stripe		Date of Disbursement MM / DD / YYYY 12 / 31 / 2015
Mailing Address 3180 18th St		Transaction ID : VQZ63A68R55
City San Francisco	State CA	
Purpose of Disbursement Website donation fee	Candidate Name	Amount of Each Disbursement this Period 65.24
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	

Full Name (Last, First, Middle Initial) B. The Discovery Group, LLC		Date of Disbursement MM / DD / YYYY 10 / 30 / 2015
Mailing Address 1145 Main St		Transaction ID : VQZ63A68R63
City Pawtucket	State RI	
Purpose of Disbursement rent	Candidate Name	Amount of Each Disbursement this Period 600.00
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	

Full Name (Last, First, Middle Initial) c. Unitemized total		Date of Disbursement MM / DD / YYYY 12 / 31 / 2015
Mailing Address n/a		Transaction ID : BBBB1
City n/a	State DC	
Purpose of Disbursement	Candidate Name	Amount of Each Disbursement this Period 182.75
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: _____	Category/ Type	

Subtotal Of Receipts This Page (optional)..... 665.24

Total This Period (last page this line number only)..... 294306.29

SCHEDULE C-P LOANS

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

FOR LINE NUMBER: 19a 19b
(check only one)

NAME OF COMMITTEE (In Full)
Chafee 2016

Transaction ID : **VR05BAS1C13L**

LOAN SOURCE Full Name (Last, First, Middle Initial)
Lincoln Chafee

Election: 2016

- Primary
- General
- Other (specify) ▼

Mailing Address
PO Box 7328

City	State	ZIP Code
Warwick	RI	02887-7328

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
163694.14	0.00	163694.14

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M 01 / D 09 / Y 2015	M M / D D / Y none	none % (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: <input type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

Subtotal Of Receipts This Page (optional).....▶

Total This Period (last page this line number only).....▶

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

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

Form/Schedule: SC/12

Transaction ID : VR05BAS1C13L

Loan from personal funds for campaign use

Form/Schedule:

Transaction ID:

**SCHEDULE C-P
LOANS**

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

FOR LINE NUMBER: 19a 19b
(check only one)

NAME OF COMMITTEE (In Full)
Chafee 2016

Transaction ID : **VR05BAS1C39L**

LOAN SOURCE Full Name (Last, First, Middle Initial)

Lincoln Chafee

[PERSONAL FUNDS]

Election: 2016

- Primary
- General
- Other (specify) ▼

Mailing Address
PO Box 7328

City: Warwick State: RI ZIP Code: 02887-7328

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
200000.00	0.00	200000.00

TERMS

Date Incurred: M 06 / D 19 / Y 2015
Date Due: M / D / Y none
Interest Rate: none % (apr)
Secured: 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: []

Subtotal Of Receipts This Page (optional).....▶ 200000.00

Total This Period (last page this line number only).....▶ 363694.14

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

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

Form/Schedule: SC/12

Transaction ID : VR05BAS1C39L

Personal Loan for campaign use

Form/Schedule:

Transaction ID: