

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

or General

4. TYPE OF REPORT (Choose One)

Check here if this is a Termination Report (TER)

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 / /

Twelfth day report preceding election

on / / in the State of

Is this Report an Amendment?

yes

no

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

Mr. Jerauld Charles Adams

Signature of Treasurer

Mr. Jerauld Charles Adams

[Electronically Filed]

Date

/ /

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

Write or Type Committee Name

Chafee 2016

Report Covering the Period: From: 07 / 01 / 2015 To: 09 / 30 / 2015

SUMMARY

Table with 2 columns: Description and Amount. Rows include: 6. CASH ON HAND AT BEGINNING OF REPORTING PERIOD (328985.69), 7. TOTAL RECEIPTS THIS PERIOD (15457.86), 8. SUBTOTAL (344443.55), 9. TOTAL DISBURSEMENTS THIS PERIOD (59917.28), 10. CASH ON HAND AT CLOSE OF THE REPORTING PERIOD (284526.27), 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) (44506.89), 15. NET OPERATING EXPENDITURES (123571.07).

DETAILED SUMMARY PAGE

FEC Form 3P (Rev. 03/2011)

of Receipts

NAME OF COMMITTEE (in Full)

Chafee 2016

Report Covering the Period: From:

MM / DD / YYYY
07 / 01 / 2015

To:

MM / DD / YYYY
09 / 30 / 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	8300.00	23390.00
(ii) unitemized	3036.00	16333.00
(iii) Total contributions	11336.00	39723.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees	0.00	0.00
(d) The Candidate	4121.86	4783.89
(e) TOTAL CONTRIBUTIONS (other than loans) (Add 17(a), 17(b), 17(c) and 17(d))	15457.86	44506.89
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)	15457.86	408201.03

DETAILED SUMMARY PAGE
of Disbursements and Contributed Items

NAME OF COMMITTEE (in Full)

Chafee 2016

Report Covering the Period: From:

M M / D D / Y Y Y Y
07 / 01 / 2015

To:

M M / D D / Y Y Y Y
09 / 30 / 2015

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
23. OPERATING EXPENDITURES.....	59917.28	123571.07
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)	59917.28	123674.76

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

**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)
Stephen DeLeo

Mailing Address 208 Indian Ave

City Middletown State RI Zip Code 02842-5715

FEC ID number of contributing federal political committee.

Name of Employer Federal Properties of R.I., Inc. Occupation Attorney

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : VR05BCGPTV8

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
09			10			2015			

Amount of Each Receipt this Period

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

Mailing Address 1 Green Pl

City Newport State RI Zip Code 02840-3103

FEC ID number of contributing federal political committee.

Name of Employer Self-employed Occupation Writer

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : VR05BCGPS85

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
07			17			2015			

Amount of Each Receipt this Period

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

Mailing Address 8 Lowell St

City Cambridge State MA Zip Code 02138-4726

FEC ID number of contributing federal political committee.

Name of Employer Self Employed Occupation Author

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : VR05BCGPR41

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
09			09			2015			

Amount of Each Receipt this Period

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

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

**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

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NAME OF COMMITTEE (In Full)
Chafee 2016

A. Full Name (Last, First, Middle Initial)
Patrick Flinn

Mailing Address 1125 Saint Louis PI NE

City	State	Zip Code
Atlanta	GA	30306-4592

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

Name of Employer	Occupation
Alston & Bird	Attorney

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 2300.00

Transaction ID : VR05BCGPR36

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
09			06			2015			

Amount of Each Receipt this Period
 _____ 2300.00

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

Mailing Address 30 Wilshire Park

City	State	Zip Code
Needham	MA	02492-3723

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

Name of Employer	Occupation
self	farmer

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 1000.00

Transaction ID : VR05BCGPSS0

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
08			03			2015			

Amount of Each Receipt this Period
 _____ 1000.00

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

Mailing Address 26 Psc 303

City	State	Zip Code
Apo	AP	96204-3026

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

Name of Employer	Occupation
Defense Intelligence Agency	Analyst

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 1000.00

Transaction ID : VR05BCGPST8

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
08			04			2015			

Amount of Each Receipt this Period
 _____ 1000.00

Subtotal Of Receipts This Page (optional).....▶ _____ 4300.00

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

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

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NAME OF COMMITTEE (In Full)
Chafee 2016

A. Full Name (Last, First, Middle Initial)
John S. O'Shea

Mailing Address 576 Pelham Rd NE

City	State	Zip Code
Atlanta	GA	30324-5105

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
Self	Pediatrician/Child Advocate

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : VR05BCGPSH6

Date of Receipt

M M / D D / Y Y Y Y
07 / 30 / 2015

Amount of Each Receipt this Period

<input type="text" value="50.00"/>

B. Full Name (Last, First, Middle Initial)
John S. O'Shea

Mailing Address 576 Pelham Rd NE

City	State	Zip Code
Atlanta	GA	30324-5105

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
Self	Pediatrician/Child Advocate

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : VR05BCGPV16

Date of Receipt

M M / D D / Y Y Y Y
09 / 16 / 2015

Amount of Each Receipt this Period

<input type="text" value="100.00"/>

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

Mailing Address 3218 Jackson St

City	State	Zip Code
San Francisco	CA	94118-2017

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
The Raine Group LLC	Investment Banker

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : VR05BCGPWN4

Date of Receipt

M M / D D / Y Y Y Y
08 / 17 / 2015

Amount of Each Receipt this Period

<input type="text" value="250.00"/>

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

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

**SCHEDULE A-P
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:

PAGE 11 / 100

(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

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NAME OF COMMITTEE (In Full)

Chafee 2016

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

Daniel Siders

Mailing Address 503 Paisley Pl

City Newark State DE Zip Code 19711-3453

FEC ID number of contributing federal political committee.

Name of Employer Prime Directive, Inc Occupation CEO

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : VR05BCGPSG9

Date of Receipt

/ /

Amount of Each Receipt this Period

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

Charles Stewart

Mailing Address 7107 S Yale Ave

City Tulsa State OK Zip Code 74136-6308

FEC ID number of contributing federal political committee.

Name of Employer Radiation Therapy Specialists of Tulsa Occupation Physician

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : VR05BCGPSQ4

Date of Receipt

/ /

Amount of Each Receipt this Period

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

Unitemized total

Mailing Address n/a

City n/a State DC Zip Code 00000

FEC ID number of contributing federal political committee.

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : AAAAAA1

Date of Receipt

/ /

Amount of Each Receipt this Period

[MEMO ITEM]

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

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

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 ▼
1506.17

Transaction ID : VR05BCGPB46

Date of Receipt
MM / DD / YYYY
07 / 01 / 2015

Amount of Each Receipt this Period
46.32

* In-Kind: Travel expense

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 ▼
1506.17

Transaction ID : VR05BCGPB53

Date of Receipt
MM / DD / YYYY
07 / 01 / 2015

Amount of Each Receipt this Period
2.75

* In-Kind: Travel Expense

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 ▼
1506.17

Transaction ID : VR05BCGPB61

Date of Receipt
MM / DD / YYYY
07 / 01 / 2015

Amount of Each Receipt this Period
20.42

* In-Kind: Travel expense

Subtotal Of Receipts This Page (optional)..... **69.49**

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: SA17D

Transaction ID : VR05BCGPB46

7894 Washington fuel purchase

Form/Schedule: SA17D

Transaction ID: VR05BCGPB53

DC Parking meter

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

Form/Schedule: SA17D

Transaction ID : VR05BCGPB61

Sunoco fuel purchase

Form/Schedule:

Transaction ID:

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

Form/Schedule: SA17D

Transaction ID : VR05BCGPB79

COX* RI Comm Ser

Form/Schedule: SA17D

Transaction ID: VR05BCGPB87

Facebook

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

Form/Schedule: SA17D

Transaction ID : VR05BCGPB95

South Ave. fuel purchase

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 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 ▼
1514.17

Transaction ID : VR05BCGPBA3

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
07			03			2015			

Amount of Each Receipt this Period
8.00

* In-Kind: Overhead expense

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 ▼
1558.54

Transaction ID : VR05BCGPBB1

Date of Receipt

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

Amount of Each Receipt this Period
44.37

* In-Kind: Travel expense

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 ▼
1650.13

Transaction ID : VR05BCGPBC9

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
07			13			2015			

Amount of Each Receipt this Period
38.13

* In-Kind: Travel expense

Subtotal Of Receipts This Page (optional).....▶ **90.50**

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: SA17D

Transaction ID : VR05BCGPBA3

Google

Form/Schedule: SA17D

Transaction ID: VR05BCGPBB1

Tedeschi fuel purchase

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

Form/Schedule: SA17D

Transaction ID : VR05BCGPBC9

Texas Roadhouse fuel purchase

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 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	State	Zip Code
Warwick	RI	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 ▼
1650.13

Transaction ID : **VR05BCGPBD7**

Date of Receipt
MM / DD / YYYY
07 / 13 / 2015

Amount of Each Receipt this Period
53.46

* In-Kind: Travel expense

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

Mailing Address **PO Box 7328**

City	State	Zip Code
Warwick	RI	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 ▼
1812.06

Transaction ID : **VR05BCGPBE5**

Date of Receipt
MM / DD / YYYY
07 / 14 / 2015

Amount of Each Receipt this Period
39.47

* In-Kind: Travel expense

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

Mailing Address **PO Box 7328**

City	State	Zip Code
Warwick	RI	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 ▼
1812.06

Transaction ID : **VR05BCGPBF2**

Date of Receipt
MM / DD / YYYY
07 / 14 / 2015

Amount of Each Receipt this Period
44.07

* In-Kind: Travel expense

Subtotal Of Receipts This Page (optional)..... **137.00**

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: SA17D

Transaction ID : VR05BCGPBD7

Exxonmobil fuel purchase

Form/Schedule: SA17D

Transaction ID: VR05BCGPBE5

Marathon Petro fuel purchase

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

Form/Schedule: SA17D

Transaction ID : VR05BCGPBF2

Exxonmobil fuel purchase

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 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	State	Zip Code
Warwick	RI	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 ▼
1812.06

Transaction ID : VR05BCGPBG0

Date of Receipt
M M / D D / Y Y Y Y
07 / 14 / 2015

Amount of Each Receipt this Period
78.39

* In-Kind: Travel expense

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

Mailing Address PO Box 7328

City	State	Zip Code
Warwick	RI	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 ▼
1890.17

Transaction ID : VR05BCGPBH8

Date of Receipt
M M / D D / Y Y Y Y
07 / 15 / 2015

Amount of Each Receipt this Period
40.31

* In-Kind: Travel expense

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

Mailing Address PO Box 7328

City	State	Zip Code
Warwick	RI	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 ▼
1890.17

Transaction ID : VR05BCGPBJ6

Date of Receipt
M M / D D / Y Y Y Y
07 / 15 / 2015

Amount of Each Receipt this Period
37.80

* In-Kind: Travel expense

Subtotal Of Receipts This Page (optional).....▶ 156.50

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: SA17D

Transaction ID : VR05BCGPBG0

Econo lodge

Form/Schedule: SA17D

Transaction ID: VR05BCGPBH8

Caseys Gen Store fuel purchase

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

Form/Schedule: SA17D

Transaction ID : VR05BCGPBJ6

Blue Tomato fuel purchase

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 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 ▼ 2173.65

Transaction ID : VR05BCGPBK4

Date of Receipt
M M / D D / Y Y Y Y
07 / 16 / 2015

Amount of Each Receipt this Period
152.22

* In-Kind: Travel expense

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 ▼ 2173.65

Transaction ID : VR05BCGPBM0

Date of Receipt
M M / D D / Y Y Y Y
07 / 16 / 2015

Amount of Each Receipt this Period
68.50

* In-Kind: Travel expense

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 ▼ 2173.65

Transaction ID : VR05BCGPBN8

Date of Receipt
M M / D D / Y Y Y Y
07 / 16 / 2015

Amount of Each Receipt this Period
62.76

* In-Kind: Travel expense

Subtotal Of Receipts This Page (optional).....▶ 283.48

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: SA17D

Transaction ID : VR05BCGPBK4

Walnut Creek Inn

Form/Schedule: SA17D

Transaction ID: VR05BCGPBM0

Walnut Creek Inn

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

Form/Schedule: SA17D

Transaction ID : VR05BCGPB8

Napolis Italian Restaurant

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 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 ▼ 2308.61

Transaction ID : VR05BCGPBP6

Date of Receipt
M M / D D / Y Y Y Y
07 / 17 / 2015

Amount of Each Receipt this Period
67.48

* In-Kind: Travel expense

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 ▼ 2308.61

Transaction ID : VR05BCGPBQ4

Date of Receipt
M M / D D / Y Y Y Y
07 / 17 / 2015

Amount of Each Receipt this Period
67.48

* In-Kind: Travel expense

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 ▼ 2400.40

Transaction ID : VR05BCGPBR2

Date of Receipt
M M / D D / Y Y Y Y
07 / 18 / 2015

Amount of Each Receipt this Period
45.09

* In-Kind: Travel expense

Subtotal Of Receipts This Page (optional).....▶ 180.05

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: SA17D

Transaction ID : VR05BCGPBP6

Days Inn and Suites

Form/Schedule: SA17D

Transaction ID: VR05BCGPBQ4

Days Inn and Suites

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

Form/Schedule: SA17D

Transaction ID : VR05BCGPBR2

Speedway fuel purchase

Form/Schedule:

Transaction ID:

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

Form/Schedule: SA17D

Transaction ID : VR05BCGPBS9

2225N Main fuel purchase

Form/Schedule: SA17D

Transaction ID: VR05BCGPBT7

Doubletree Cedar Rapids

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

Form/Schedule: SA17D

Transaction ID : VR05BCGPBV5

Doubletree Cedar Rapids

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 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 State Zip Code
Warwick RI 02887-7328

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

Name of Employer Occupation
n/a Candidate

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2780.05

Transaction ID : VR05BCGPBW3

Date of Receipt
M M / D D / Y Y Y Y
07 / 19 / 2015

Amount of Each Receipt this Period
43.75

* In-Kind: Travel expense

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

Mailing Address PO Box 7328

City State Zip Code
Warwick RI 02887-7328

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

Name of Employer Occupation
n/a Candidate

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
3243.25

Transaction ID : VR05BCGPBX1

Date of Receipt
M M / D D / Y Y Y Y
07 / 23 / 2015

Amount of Each Receipt this Period
463.20

* In-Kind: Travel expense

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

Mailing Address PO Box 7328

City State Zip Code
Warwick RI 02887-7328

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

Name of Employer Occupation
n/a Candidate

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
3297.04

Transaction ID : VR05BCGPBY9

Date of Receipt
M M / D D / Y Y Y Y
07 / 27 / 2015

Amount of Each Receipt this Period
4.00

* In-Kind: Travel expense

Subtotal Of Receipts This Page (optional).....▶ 510.95

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

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

Form/Schedule: SA17D

Transaction ID : VR05BCGPBW3

Exxonmobil fuel purchase

Form/Schedule: SA17D

Transaction ID: VR05BCGPBX1

USAIRWAY

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

Form/Schedule: SA17D

Transaction ID : VR05BCGPBY9

DC Parking meter

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 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 ▼ 3297.04

Transaction ID : VR05BCGPBZ7

Date of Receipt
M M / D D / Y Y Y Y
07 / 27 / 2015

Amount of Each Receipt this Period
49.79

* In-Kind: Travel expense

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 ▼ 3344.24

Transaction ID : VR05BCGPC05

Date of Receipt
M M / D D / Y Y Y Y
07 / 28 / 2015

Amount of Each Receipt this Period
47.20

* In-Kind: Travel expense

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 ▼ 3382.38

Transaction ID : VR05BCGPC13

Date of Receipt
M M / D D / Y Y Y Y
07 / 31 / 2015

Amount of Each Receipt this Period
38.14

* In-Kind: Travel expense

Subtotal Of Receipts This Page (optional).....▶ 135.13

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: SA17D

Transaction ID : VR05BCGPBZ7

Exxonmobil fuel purchase

Form/Schedule: SA17D

Transaction ID: VR05BCGPC05

Exxonmobil fuel purchase

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

Form/Schedule: SA17D

Transaction ID : VR05BCGPC13

Presby Fuel purchase

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 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 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 3474.38		Transaction ID : VR05BCGPC21 Date of Receipt M M / D D / Y Y Y Y 08 / 03 / 2015 Amount of Each Receipt this Period 32.00 * In-Kind: Travel expense
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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 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 3474.38		Transaction ID : VR05BCGPC38 Date of Receipt M M / D D / Y Y Y Y 08 / 03 / 2015 Amount of Each Receipt this Period 60.00 * In-Kind: Overhead expense
---	--	---

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 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 3503.38		Transaction ID : VR05BCGPC46 Date of Receipt M M / D D / Y Y Y Y 08 / 07 / 2015 Amount of Each Receipt this Period 29.00 * In-Kind: Travel expense
---	--	---

Subtotal Of Receipts This Page (optional).....▶ 121.00

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: SA17D

Transaction ID : VR05BCGPC21

IOWA State fair ticket

Form/Schedule: SA17D

Transaction ID: VR05BCGPC38

PAYPAL

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

Form/Schedule: SA17D

Transaction ID : VR05BCGPC46

Massport Logan parking

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)

PAGE 45 / 100

<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 ▼
3568.38

Transaction ID : VR05BCGPC54

Date of Receipt
MM / DD / YYYY
08 / 11 / 2015

Amount of Each Receipt this Period
65.00

* In-Kind: Travel expense

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 ▼
3586.38

Transaction ID : VR05BCGPC62

Date of Receipt
MM / DD / YYYY
08 / 12 / 2015

Amount of Each Receipt this Period
18.00

* In-Kind: Travel expense

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 ▼
3686.18

Transaction ID : VR05BCGPC70

Date of Receipt
MM / DD / YYYY
08 / 13 / 2015

Amount of Each Receipt this Period
43.83

* In-Kind: Travel expense

Subtotal Of Receipts This Page (optional).....▶ **126.83**

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: SA17D

Transaction ID : VR05BCGPC54

Metro-North

Form/Schedule: SA17D

Transaction ID: VR05BCGPC62

Union Station Parking

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

Form/Schedule: SA17D

Transaction ID : VR05BCGPC70

Sunoco fuel purchase

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 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 ▼
3686.18

Transaction ID : VR05BCGPC88

Date of Receipt
MM / DD / YYYY
08 / 13 / 2015

Amount of Each Receipt this Period
55.97

* In-Kind: Travel expense

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 ▼
3811.54

Transaction ID : VR05BCGPC96

Date of Receipt
MM / DD / YYYY
08 / 14 / 2015

Amount of Each Receipt this Period
78.71

* In-Kind: Travel expense

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 ▼
3811.54

Transaction ID : VR05BCGPCA4

Date of Receipt
MM / DD / YYYY
08 / 14 / 2015

Amount of Each Receipt this Period
46.65

* In-Kind: Travel expense

Subtotal Of Receipts This Page (optional).....▶ 181.33

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

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

Form/Schedule: SA17D

Transaction ID : VR05BCGPC88

8150 State hwy fuel purchase

Form/Schedule: SA17D

Transaction ID: VR05BCGPC96

Super 8 Motels

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

Form/Schedule: SA17D

Transaction ID : VR05BCGPCA4

Kum and Go fuel purchase

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 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		Transaction ID : VR05BCGPCB2	
Mailing Address PO Box 7328		Date of Receipt M M / D D / Y Y Y Y 08 / 15 / 2015	
City Warwick	State RI	Zip Code 02887-7328	
FEC ID number of contributing federal political committee. C P60008075		Amount of Each Receipt this Period 45.77	
Name of Employer n/a	Occupation Candidate	* In-Kind: Travel expense	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 3991.31		

B. Full Name (Last, First, Middle Initial) Lincoln Chafee		Transaction ID : VR05BCGPCC0	
Mailing Address PO Box 7328		Date of Receipt M M / D D / Y Y Y Y 08 / 15 / 2015	
City Warwick	State RI	Zip Code 02887-7328	
FEC ID number of contributing federal political committee. C P60008075		Amount of Each Receipt this Period 48.42	
Name of Employer n/a	Occupation Candidate	* In-Kind: Travel expense	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 3991.31		

C. Full Name (Last, First, Middle Initial) Lincoln Chafee		Transaction ID : VR05BCGPCD7	
Mailing Address PO Box 7328		Date of Receipt M M / D D / Y Y Y Y 08 / 15 / 2015	
City Warwick	State RI	Zip Code 02887-7328	
FEC ID number of contributing federal political committee. C P60008075		Amount of Each Receipt this Period 85.58	
Name of Employer n/a	Occupation Candidate	* In-Kind: Travel expense	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 3991.31		

Subtotal Of Receipts This Page (optional).....▶ **179.77**

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: SA17D

Transaction ID : VR05BCGPCB2

Sunoco fuel purchase

Form/Schedule: SA17D

Transaction ID: VR05BCGPCC0

Kum and Go fuel purchase

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

Form/Schedule: SA17D

Transaction ID : VR05BCGPCD7

Microtel Inns

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 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 ▼ **4025.25**

Transaction ID : VR05BCGPCE5

Date of Receipt
MM / DD / YYYY
08 / 16 / 2015

Amount of Each Receipt this Period
33.94

* In-Kind: Travel expense

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 ▼ **4103.35**

Transaction ID : VR05BCGPCF3

Date of Receipt
MM / DD / YYYY
08 / 26 / 2015

Amount of Each Receipt this Period
37.60

* In-Kind: Travel expense

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 ▼ **4103.35**

Transaction ID : VR05BCGPCG1

Date of Receipt
MM / DD / YYYY
08 / 26 / 2015

Amount of Each Receipt this Period
40.50

* In-Kind: Travel expense

Subtotal Of Receipts This Page (optional)..... **112.04**

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: SA17D

Transaction ID : VR05BCGPCE5

Pilot fuel purchase

Form/Schedule: SA17D

Transaction ID: VR05BCGPCF3

Sunoco fuel purchase

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

Form/Schedule: SA17D

Transaction ID : VR05BCGPCG1

Exxonmobil fuel purchase

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 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 ▼
4144.74

Transaction ID : VR05BCGPCH9

Date of Receipt
M M / D D / Y Y Y Y
08 / 27 / 2015

Amount of Each Receipt this Period
0.42

* In-Kind: Travel expense

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 ▼
4144.74

Transaction ID : VR05BCGPCJ7

Date of Receipt
M M / D D / Y Y Y Y
08 / 27 / 2015

Amount of Each Receipt this Period
40.97

* In-Kind: Travel expense

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 ▼
4178.95

Transaction ID : VR05BCGPCK5

Date of Receipt
M M / D D / Y Y Y Y
08 / 28 / 2015

Amount of Each Receipt this Period
34.21

* In-Kind: Travel expense

Subtotal Of Receipts This Page (optional)..... **75.60**

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: SA17D

Transaction ID : VR05BCGPCH9

Exxonmobil fuel purchase

Form/Schedule: SA17D

Transaction ID: VR05BCGPCJ7

Lions Quick Mart fuell purchase

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

Form/Schedule: SA17D

Transaction ID : VR05BCGPCK5

116 S Broadway fuel purchase

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 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	State	Zip Code
Warwick	RI	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 ▼
 _____ 4491.96

Transaction ID : VR05BCGPCM3

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	9		2	0	1	5

Amount of Each Receipt this Period
 _____ 108.63

* In-Kind: Travel expense

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

Mailing Address PO Box 7328

City	State	Zip Code
Warwick	RI	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 ▼
 _____ 4491.96

Transaction ID : VR05BCGPCN1

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	9		2	0	1	5

Amount of Each Receipt this Period
 _____ 204.38

* In-Kind: Travel expense

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

Mailing Address PO Box 7328

City	State	Zip Code
Warwick	RI	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 ▼
 _____ 4602.33

Transaction ID : VR05BCGPCP9

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		3	0		2	0	1	5

Amount of Each Receipt this Period
 _____ 39.85

* In-Kind: Travel expense

Subtotal Of Receipts This Page (optional).....▶ _____ 352.86

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

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFHŽG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA17D

Transaction ID : VR05BCGPCM3

Days Inn and Suites

Form/Schedule: SA17D

Transaction ID: VR05BCGPCN1

Best Western

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

Form/Schedule: SA17D

Transaction ID : VR05BCGPCP9

Kum and Go fuel purchase

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 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 ▼
4602.33

Transaction ID : VR05BCGPCQ6

Date of Receipt
MM / DD / YYYY
08 / 30 / 2015

Amount of Each Receipt this Period
70.52

* In-Kind: Travel expense

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 ▼
4768.89

Transaction ID : VR05BCGPCR4

Date of Receipt
MM / DD / YYYY
08 / 31 / 2015

Amount of Each Receipt this Period
42.55

* In-Kind: Travel expense

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 ▼
4768.89

Transaction ID : VR05BCGPCS2

Date of Receipt
MM / DD / YYYY
08 / 31 / 2015

Amount of Each Receipt this Period
29.60

* In-Kind: Travel expense

Subtotal Of Receipts This Page (optional).....▶ 142.67

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: SA17D

Transaction ID : VR05BCGPCQ6

Walnut Creek Inn

Form/Schedule: SA17D

Transaction ID: VR05BCGPCR4

Gulf Oil fuel purchase

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

Form/Schedule: SA17D

Transaction ID : VR05BCGPCS2

Country Fair

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 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 ▼
4768.89

Transaction ID : VR05BCGPCT0

Date of Receipt
MM / DD / YYYY
08 / 31 / 2015

Amount of Each Receipt this Period
44.41

* In-Kind: Travel expense

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 ▼
4768.89

Transaction ID : VR05BCGPCV8

Date of Receipt
MM / DD / YYYY
08 / 31 / 2015

Amount of Each Receipt this Period
50.00

* In-Kind: Overhead expense

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 ▼
4783.89

Transaction ID : VR05BCGPCW6

Date of Receipt
MM / DD / YYYY
09 / 02 / 2015

Amount of Each Receipt this Period
15.00

* In-Kind: Overhead expense

Subtotal Of Receipts This Page (optional).....▶ 109.41

Total This Period (last page this line number only).....▶ 4121.86

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

Form/Schedule: SA17D

Transaction ID : VR05BCGPCT0

Elkhart South Plaza fuel purchase

Form/Schedule: SA17D

Transaction ID: VR05BCGPCV8

Facebook

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

Form/Schedule: SA17D

Transaction ID : VR05BCGPCW6

Google

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. American Bellevue		Date of Disbursement MM / DD / YYYY 09 / 29 / 2015
Mailing Address 4333 Amon Carter Blvd		Transaction ID : VQZ63A08D91
City Fort Worth	State TX	
Purpose of Disbursement Travel Expense	Candidate Name	Amount of Each Disbursement this Period 179.60
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. American Bellevue		Date of Disbursement MM / DD / YYYY 09 / 29 / 2015
Mailing Address 4333 Amon Carter Blvd		Transaction ID : VQZ63A08DE1
City Fort Worth	State TX	
Purpose of Disbursement Travel Expense	Candidate Name	Amount of Each Disbursement this Period 179.60
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. AP Navitus		Date of Disbursement MM / DD / YYYY 07 / 07 / 2015
Mailing Address 260 Narragansett Park Dr		Transaction ID : VQZ63A08DN6
City Rumford	State RI	
Purpose of Disbursement Advertising expense	Candidate Name	Amount of Each Disbursement this Period 2220.25
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

Subtotal Of Receipts This Page (optional)..... 2579.45

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)

PAGE 70 / 100

<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 07 / 01 / 2015
Mailing Address PO Box 7328		Transaction ID : VR05BCGPB461
City Warwick	State RI	
Purpose of Disbursement Travel expense	Candidate Name	Amount of Each Disbursement this Period 46.32
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) B. Lincoln Chafee		Date of Disbursement MM / DD / YYYY 07 / 01 / 2015
Mailing Address PO Box 7328		Transaction ID : VR05BCGPB531
City Warwick	State RI	
Purpose of Disbursement Travel Expense	Candidate Name	Amount of Each Disbursement this Period 2.75
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 07 / 01 / 2015
Mailing Address PO Box 7328		Transaction ID : VR05BCGPB611
City Warwick	State RI	
Purpose of Disbursement Travel expense	Candidate Name	Amount of Each Disbursement this Period 20.42
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)..... 69.49

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 07 / 03 / 2015
Mailing Address PO Box 7328		Transaction ID : VR05BCGPBA3I
City Warwick	State RI	
Purpose of Disbursement Overhead expense	<input type="text"/>	Amount of Each Disbursement this Period <input type="text" value="8.00"/>
Candidate Name	Category/ Type	* In-Kind Received
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 07 / 10 / 2015
Mailing Address PO Box 7328		Transaction ID : VR05BCGPBB1I
City Warwick	State RI	
Purpose of Disbursement Travel expense	<input type="text"/>	Amount of Each Disbursement this Period <input type="text" value="44.37"/>
Candidate Name	Category/ Type	* In-Kind Received
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 07 / 13 / 2015
Mailing Address PO Box 7328		Transaction ID : VR05BCGPBC9I
City Warwick	State RI	
Purpose of Disbursement Travel expense	<input type="text"/>	Amount of Each Disbursement this Period <input type="text" value="38.13"/>
Candidate Name	Category/ Type	* In-Kind Received
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).....

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)

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<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 07 / 13 / 2015
Mailing Address PO Box 7328		Transaction ID : VR05BCGPBD7I
City Warwick	State RI	
Purpose of Disbursement Travel expense	Candidate Name	Amount of Each Disbursement this Period 53.46
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 07 / 14 / 2015
Mailing Address PO Box 7328		Transaction ID : VR05BCGPBE5I
City Warwick	State RI	
Purpose of Disbursement Travel expense	Candidate Name	Amount of Each Disbursement this Period 39.47
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 07 / 14 / 2015
Mailing Address PO Box 7328		Transaction ID : VR05BCGPBF2I
City Warwick	State RI	
Purpose of Disbursement Travel expense	Candidate Name	Amount of Each Disbursement this Period 44.07
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)..... 137.00

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)

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<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 07 / 14 / 2015
Mailing Address PO Box 7328		Transaction ID : VR05BCGPBG0I
City Warwick	State RI	
Purpose of Disbursement Travel expense	Candidate Name	Amount of Each Disbursement this Period 78.39
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 07 / 15 / 2015
Mailing Address PO Box 7328		Transaction ID : VR05BCGPBH8I
City Warwick	State RI	
Purpose of Disbursement Travel expense	Candidate Name	Amount of Each Disbursement this Period 40.31
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 07 / 15 / 2015
Mailing Address PO Box 7328		Transaction ID : VR05BCGPBJ6I
City Warwick	State RI	
Purpose of Disbursement Travel expense	Candidate Name	Amount of Each Disbursement this Period 37.80
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).....	156.50
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)

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<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 07 / 16 / 2015
Mailing Address PO Box 7328		Transaction ID : VR05BCGPBK4I
City Warwick	State RI	
Purpose of Disbursement Travel expense	Candidate Name	Amount of Each Disbursement this Period \$ 152.22
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 07 / 16 / 2015
Mailing Address PO Box 7328		Transaction ID : VR05BCGPBM0I
City Warwick	State RI	
Purpose of Disbursement Travel expense	Candidate Name	Amount of Each Disbursement this Period \$ 68.50
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 07 / 16 / 2015
Mailing Address PO Box 7328		Transaction ID : VR05BCGPBN8I
City Warwick	State RI	
Purpose of Disbursement Travel expense	Candidate Name	Amount of Each Disbursement this Period \$ 62.76
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)..... \$ 283.48

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)

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<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 07 / 18 / 2015
Mailing Address PO Box 7328		Transaction ID : VR05BCGPBS9I
City Warwick	State RI	
Purpose of Disbursement Travel expense	Candidate Name	Amount of Each Disbursement this Period 46.70
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 07 / 19 / 2015
Mailing Address PO Box 7328		Transaction ID : VR05BCGPBT7I
City Warwick	State RI	
Purpose of Disbursement Travel expense	Candidate Name	Amount of Each Disbursement this Period 167.95
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 07 / 19 / 2015
Mailing Address PO Box 7328		Transaction ID : VR05BCGPBV5I
City Warwick	State RI	
Purpose of Disbursement Travel expense	Candidate Name	Amount of Each Disbursement this Period 167.95
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)..... 382.60

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 07 / 19 / 2015
Mailing Address PO Box 7328		Transaction ID : VR05BCGPBW3I
City Warwick	State RI	
Purpose of Disbursement Travel expense	Candidate Name	Amount of Each Disbursement this Period 43.75
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 07 / 23 / 2015
Mailing Address PO Box 7328		Transaction ID : VR05BCGPBX1I
City Warwick	State RI	
Purpose of Disbursement Travel expense	Candidate Name	Amount of Each Disbursement this Period 463.20
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 07 / 27 / 2015
Mailing Address PO Box 7328		Transaction ID : VR05BCGPBY9I
City Warwick	State RI	
Purpose of Disbursement Travel expense	Candidate Name	Amount of Each Disbursement this Period 4.00
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)..... 510.95

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 07 / 27 / 2015
Mailing Address PO Box 7328		Transaction ID : VR05BCGPBZ71
City Warwick	State RI	
Purpose of Disbursement Travel expense	<input type="text"/>	Amount of Each Disbursement this Period <input type="text"/> 49.79
Candidate Name	Category/ Type	* In-Kind Received
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 07 / 28 / 2015
Mailing Address PO Box 7328		Transaction ID : VR05BCGPC051
City Warwick	State RI	
Purpose of Disbursement Travel expense	<input type="text"/>	Amount of Each Disbursement this Period <input type="text"/> 47.20
Candidate Name	Category/ Type	* In-Kind Received
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 07 / 31 / 2015
Mailing Address PO Box 7328		Transaction ID : VR05BCGPC131
City Warwick	State RI	
Purpose of Disbursement Travel expense	<input type="text"/>	Amount of Each Disbursement this Period <input type="text"/> 38.14
Candidate Name	Category/ Type	* In-Kind Received
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)..... 135.13

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 08 / 03 / 2015
Mailing Address PO Box 7328		Transaction ID : VR05BCGPC211
City Warwick	State RI	
Purpose of Disbursement Travel expense	Candidate Name	Amount of Each Disbursement this Period 32.00
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 08 / 03 / 2015
Mailing Address PO Box 7328		Transaction ID : VR05BCGPC381
City Warwick	State RI	
Purpose of Disbursement Overhead expense	Candidate Name	Amount of Each Disbursement this Period 60.00
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 08 / 07 / 2015
Mailing Address PO Box 7328		Transaction ID : VR05BCGPC461
City Warwick	State RI	
Purpose of Disbursement Travel expense	Candidate Name	Amount of Each Disbursement this Period 29.00
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)..... 121.00

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. Lincoln Chafee		Date of Disbursement MM / DD / YYYY 08 / 11 / 2015
Mailing Address PO Box 7328		Transaction ID : VR05BCGPC54I
City Warwick	State RI	
Purpose of Disbursement Travel expense	<input type="text"/>	Amount of Each Disbursement this Period <input type="text" value="65.00"/>
Candidate Name	Category/ Type	* In-Kind Received
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 08 / 12 / 2015
Mailing Address PO Box 7328		Transaction ID : VR05BCGPC62I
City Warwick	State RI	
Purpose of Disbursement Travel expense	<input type="text"/>	Amount of Each Disbursement this Period <input type="text" value="18.00"/>
Candidate Name	Category/ Type	* In-Kind Received
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 08 / 13 / 2015
Mailing Address PO Box 7328		Transaction ID : VR05BCGPC70I
City Warwick	State RI	
Purpose of Disbursement Travel expense	<input type="text"/>	Amount of Each Disbursement this Period <input type="text" value="43.83"/>
Candidate Name	Category/ Type	* In-Kind Received
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).....

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 08 / 13 / 2015
Mailing Address PO Box 7328		Transaction ID : VR05BCGPC88I
City Warwick	State RI	
Purpose of Disbursement Travel expense	<input type="text"/>	Amount of Each Disbursement this Period <input type="text" value="55.97"/>
Candidate Name	Category/ Type	* In-Kind Received
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 08 / 14 / 2015
Mailing Address PO Box 7328		Transaction ID : VR05BCGPC96I
City Warwick	State RI	
Purpose of Disbursement Travel expense	<input type="text"/>	Amount of Each Disbursement this Period <input type="text" value="78.71"/>
Candidate Name	Category/ Type	* In-Kind Received
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 08 / 14 / 2015
Mailing Address PO Box 7328		Transaction ID : VR05BCGPCA4I
City Warwick	State RI	
Purpose of Disbursement Travel expense	<input type="text"/>	Amount of Each Disbursement this Period <input type="text" value="46.65"/>
Candidate Name	Category/ Type	* In-Kind Received
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).....

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 08 / 15 / 2015
Mailing Address PO Box 7328		Transaction ID : VR05BCGPB2I
City Warwick	State RI	
Purpose of Disbursement Travel expense	Candidate Name	Amount of Each Disbursement this Period 45.77
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 08 / 15 / 2015
Mailing Address PO Box 7328		Transaction ID : VR05BCGPCC0I
City Warwick	State RI	
Purpose of Disbursement Travel expense	Candidate Name	Amount of Each Disbursement this Period 48.42
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 08 / 15 / 2015
Mailing Address PO Box 7328		Transaction ID : VR05BCGPCD7I
City Warwick	State RI	
Purpose of Disbursement Travel expense	Candidate Name	Amount of Each Disbursement this Period 85.58
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)..... 179.77

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

A. Lincoln Chafee

Full Name (Last, First, Middle Initial)
Mailing Address PO Box 7328

City Warwick State RI Zip Code 02887-7328

Purpose of Disbursement
Travel expense

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement
MM / DD / YYYY
08 / 16 / 2015

Transaction ID : VR05BCGPCE5I

Amount of Each Disbursement this Period
33.94

* In-Kind Received

B. Lincoln Chafee

Full Name (Last, First, Middle Initial)
Mailing Address PO Box 7328

City Warwick State RI Zip Code 02887-7328

Purpose of Disbursement
Travel expense

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement
MM / DD / YYYY
08 / 26 / 2015

Transaction ID : VR05BCGPFC3I

Amount of Each Disbursement this Period
37.60

* In-Kind Received

c. Lincoln Chafee

Full Name (Last, First, Middle Initial)
Mailing Address PO Box 7328

City Warwick State RI Zip Code 02887-7328

Purpose of Disbursement
Travel expense

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement
MM / DD / YYYY
08 / 26 / 2015

Transaction ID : VR05BCGPG1I

Amount of Each Disbursement this Period
40.50

* In-Kind Received

Subtotal Of Receipts This Page (optional)..... 112.04

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 08 / 27 / 2015
Mailing Address PO Box 7328		Transaction ID : VR05BCGPCH9I
City Warwick	State RI	
Purpose of Disbursement Travel expense	Candidate Name	Amount of Each Disbursement this Period 0.42
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 08 / 27 / 2015
Mailing Address PO Box 7328		Transaction ID : VR05BCGPCJ7I
City Warwick	State RI	
Purpose of Disbursement Travel expense	Candidate Name	Amount of Each Disbursement this Period 40.97
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 08 / 28 / 2015
Mailing Address PO Box 7328		Transaction ID : VR05BCGPCK5I
City Warwick	State RI	
Purpose of Disbursement Travel expense	Candidate Name	Amount of Each Disbursement this Period 34.21
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)..... 75.60

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 08 / 29 / 2015
Mailing Address PO Box 7328		Transaction ID : VR05BCGPCM3I
City Warwick	State RI	
Purpose of Disbursement Travel expense	Candidate Name	Amount of Each Disbursement this Period 108.63
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 08 / 29 / 2015
Mailing Address PO Box 7328		Transaction ID : VR05BCGPCN1I
City Warwick	State RI	
Purpose of Disbursement Travel expense	Candidate Name	Amount of Each Disbursement this Period 204.38
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 08 / 30 / 2015
Mailing Address PO Box 7328		Transaction ID : VR05BCGPCP9I
City Warwick	State RI	
Purpose of Disbursement Travel expense	Candidate Name	Amount of Each Disbursement this Period 39.85
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)..... 352.86

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 08 / 30 / 2015
Mailing Address PO Box 7328		Transaction ID : VR05BCGPCQ6I
City Warwick	State RI	
Purpose of Disbursement Travel expense	Candidate Name	Amount of Each Disbursement this Period 70.52
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 08 / 31 / 2015
Mailing Address PO Box 7328		Transaction ID : VR05BCGPCR4I
City Warwick	State RI	
Purpose of Disbursement Travel expense	Candidate Name	Amount of Each Disbursement this Period 42.55
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 08 / 31 / 2015
Mailing Address PO Box 7328		Transaction ID : VR05BCGPSC2I
City Warwick	State RI	
Purpose of Disbursement Travel expense	Candidate Name	Amount of Each Disbursement this Period 29.60
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)..... 142.67

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)

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<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 08 / 31 / 2015
Mailing Address PO Box 7328		Transaction ID : VR05BCGPCT01
City Warwick	State RI	
Purpose of Disbursement Travel expense	Candidate Name	Amount of Each Disbursement this Period \$ 44.41
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 08 / 31 / 2015
Mailing Address PO Box 7328		Transaction ID : VR05BCGPCV8I
City Warwick	State RI	
Purpose of Disbursement Overhead expense	Candidate Name	Amount of Each Disbursement this Period \$ 50.00
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 09 / 02 / 2015
Mailing Address PO Box 7328		Transaction ID : VR05BCGPCW6I
City Warwick	State RI	
Purpose of Disbursement Overhead expense	Candidate Name	Amount of Each Disbursement this Period \$ 15.00
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)..... \$ 109.41

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)

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<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 07 / 22 / 2015
Mailing Address PO Box 1259		Transaction ID : VQZ63A08DB7
City Oaks	State PA	
Purpose of Disbursement Overhead expense	Candidate Name	Amount of Each Disbursement this Period 228.50
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. Coc Communications		Date of Disbursement MM / DD / YYYY 08 / 20 / 2015
Mailing Address PO Box 1259		Transaction ID : VQZ63A08DD3
City Oaks	State PA	
Purpose of Disbursement Overhead expense	Candidate Name	Amount of Each Disbursement this Period 215.24
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) c. Coc Communications		Date of Disbursement MM / DD / YYYY 09 / 21 / 2015
Mailing Address PO Box 1259		Transaction ID : VQZ63A08DG7
City Oaks	State PA	
Purpose of Disbursement overhead expense	Candidate Name	Amount of Each Disbursement this Period 215.24
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	

Subtotal Of Receipts This Page (optional)..... 658.98

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)

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<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. EMC Insurance Co		Date of Disbursement MM / DD / YYYY 07 / 20 / 2015
Mailing Address 200 Crossings Blvd Ste 300		Transaction ID : VQZ63A08DM8
City Warwick	State RI	
Purpose of Disbursement Overhead expense	Candidate Name	Amount of Each Disbursement this Period 324.70
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. EMC Insurance Co		Date of Disbursement MM / DD / YYYY 08 / 25 / 2015
Mailing Address 200 Crossings Blvd Ste 300		Transaction ID : VQZ63A08DQ2
City Warwick	State RI	
Purpose of Disbursement Overhead expense	Candidate Name	Amount of Each Disbursement this Period 71.25
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. EMC Insurance Co		Date of Disbursement MM / DD / YYYY 09 / 22 / 2015
Mailing Address 200 Crossings Blvd Ste 300		Transaction ID : VQZ63A08DS8
City Warwick	State RI	
Purpose of Disbursement Overhead expense	Candidate Name	Amount of Each Disbursement this Period 71.25
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	

Subtotal Of Receipts This Page (optional)..... 324.70

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)

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<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. JETBLUE		Date of Disbursement MM / DD / YYYY 09 / 30 / 2015
Mailing Address 2701 Queens Plz N FI 6		Transaction ID : VQZ63A08DA9
City Long Island City State NY Zip Code 11101-4024	Purpose of Disbursement Travel Expense	
Candidate Name	Category/ Type	Amount of Each Disbursement this Period 388.10
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. JETBLUE		Date of Disbursement MM / DD / YYYY 09 / 30 / 2015
Mailing Address 2701 Queens Plz N FI 6		Transaction ID : VQZ63A08DC5
City Long Island City State NY Zip Code 11101-4024	Purpose of Disbursement Travel Expense	
Candidate Name	Category/ Type	Amount of Each Disbursement this Period 388.10
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. John Mahoney		Date of Disbursement MM / DD / YYYY 07 / 02 / 2015
Mailing Address 12 Stratford Rd		Transaction ID : VQZ63A08BZ9
City Cranston State RI Zip Code 02905-3721	Purpose of Disbursement Advertising production expense	
Candidate Name	Category/ Type	Amount of Each Disbursement this Period 500.00
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)..... 1276.20

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)

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<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. NGP Van		Date of Disbursement MM / DD / YYYY 08 / 25 / 2015
Mailing Address 1101 15th St NW		Transaction ID : VQZ63A08DJ2
City Washington State DC Zip Code 20005-5002	Amount of Each Disbursement this Period 7800.00	
Purpose of Disbursement Overhead expense	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. Debbie Rich		Date of Disbursement MM / DD / YYYY 07 / 22 / 2015
Mailing Address 671 Orleans Ct		Transaction ID : VQZ63A08BY2
City Warwick State RI Zip Code 02886-1712	Amount of Each Disbursement this Period 7500.00	
Purpose of Disbursement Communications/scheduling Services	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. Debbie Rich		Date of Disbursement MM / DD / YYYY 08 / 26 / 2015
Mailing Address 671 Orleans Ct		Transaction ID : VQZ63A08C07
City Warwick State RI Zip Code 02886-1712	Amount of Each Disbursement this Period 7500.00	
Purpose of Disbursement Communications/scheduling Services	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)..... 22800.00

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 09 / 04 / 2015
Mailing Address 671 Orleans Ct		Transaction ID : VQZ63A08C15
City Warwick	State RI	
Purpose of Disbursement Campaign Materials	Candidate Name	Amount of Each Disbursement this Period 236.17
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. Jonathan Stevens		Date of Disbursement MM / DD / YYYY 07 / 03 / 2015
Mailing Address 29 Windsor Rd		Transaction ID : VQZ63A08C23
City Cranston	State RI	
Purpose of Disbursement Campaign Management	Candidate Name	Amount of Each Disbursement this Period 8500.00
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. Jonathan Stevens		Date of Disbursement MM / DD / YYYY 07 / 27 / 2015
Mailing Address 29 Windsor Rd		Transaction ID : VQZ63A08C57
City Cranston	State RI	
Purpose of Disbursement Reimburse office supplies	Candidate Name	Amount of Each Disbursement this Period 217.36
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)..... 8953.53

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)

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<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. Jonathan Stevens		Date of Disbursement MM / DD / YYYY 08 / 04 / 2015
Mailing Address 29 Windsor Rd		Transaction ID : VQZ63A08C31
City Cranston	State RI	
Purpose of Disbursement Campaign Management	<input type="text"/>	Amount of Each Disbursement this Period <input type="text" value="9000.00"/>
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:		

Full Name (Last, First, Middle Initial) B. Jonathan Stevens		Date of Disbursement MM / DD / YYYY 09 / 03 / 2015
Mailing Address 29 Windsor Rd		Transaction ID : VQZ63A08C49
City Cranston	State RI	
Purpose of Disbursement Campaign Management	<input type="text"/>	Amount of Each Disbursement this Period <input type="text" value="9000.00"/>
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:		

Full Name (Last, First, Middle Initial) c. Jonathan Stevens		Date of Disbursement MM / DD / YYYY 09 / 08 / 2015
Mailing Address 29 Windsor Rd		Transaction ID : VQZ63A08C65
City Cranston	State RI	
Purpose of Disbursement Reimburse office supplies	<input type="text"/>	Amount of Each Disbursement this Period <input type="text" value="59.13"/>
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).....

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)

PAGE 95 / 100

<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 09 / 30 / 2015
Mailing Address 3180 18th St		Transaction ID : VQZ63A08DK0
City San Francisco	State CA	
Purpose of Disbursement Fundraising expenses	Candidate Name	Amount of Each Disbursement this Period \$ 243.03
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. The Discovery Group, LLC		Date of Disbursement MM / DD / YYYY 07 / 07 / 2015
Mailing Address 1145 Main St		Transaction ID : VQZ63A08DH4
City Pawtucket	State RI	
Purpose of Disbursement rent	Candidate Name	Amount of Each Disbursement this Period \$ 300.00
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. The Discovery Group, LLC		Date of Disbursement MM / DD / YYYY 08 / 07 / 2015
Mailing Address 1145 Main St		Transaction ID : VQZ63A08DP4
City Pawtucket	State RI	
Purpose of Disbursement rent	Candidate Name	Amount of Each Disbursement this Period \$ 300.00
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)..... **843.03**

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. The Discovery Group, LLC		Date of Disbursement MM / DD / YYYY 09 / 08 / 2015
Mailing Address 1145 Main St		Transaction ID : VQZ63A08DR0
City Pawtucket	State RI	
Purpose of Disbursement rent		Amount of Each Disbursement this Period 300.00
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:	

Full Name (Last, First, Middle Initial) B. Unitemized total		Date of Disbursement MM / DD / YYYY 09 / 30 / 2015
Mailing Address n/a		Transaction ID : BBBB1
City n/a	State DC	
Purpose of Disbursement		Amount of Each Disbursement this Period 0.40
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) ▼	[MEMO ITEM]
State:	District:	

Full Name (Last, First, Middle Initial) C.		Date of Disbursement MM / DD / YYYY
Mailing Address		
City	State	Zip Code
Purpose of Disbursement		Amount of Each Disbursement this Period
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:	

Subtotal Of Receipts This Page (optional)..... 300.00

Total This Period (last page this line number only)..... 59916.88

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	State	ZIP Code
Warwick	RI	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	Date Due	Interest Rate	Secured:
M 06 / D 19 / Y 2015	M / 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 : VR05BAS1C39L

Personal Loan for campaign use

Form/Schedule:

Transaction ID: