FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) — **TYPE OR PRINT ▼** — Example: If typing, type over the lines. 12FE4M5

GORDON CHAFFIN FOR CONGRESS

ADDRESS (number and street) ▼

PO BOX 75035

☐ Check if different than previously reported. (ACC)

WASHINGTON | DC | 20013 –

CITY ▲ | STATE ▲ | ZIP CODE ▲

2. **FEC IDENTIFICATION NUMBER ▼**

C C00915686

3. IS THIS REPORT ☐ NEW (N) **OR** ☐ AMENDED (A)

STATE ▼ DISTRICT: DC | 01

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

- ☐ April 15 Quarterly Report (Q1)
- ☐ July 15 Quarterly Report (Q2)
- ☐ October 15 Quarterly Report (Q3)
- ☐ January 31 Year-End Report (YE)
- ☒ Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:

- ☐ Primary (12P)
- ☐ General (12G)
- ☐ Runoff (12R)
- ☐ Convention (12C)
- ☐ Special (12S)

Election on M M / D D / Y Y Y Y in the State of

(c) 30-Day **POST**-Election Report for the:

- ☐ General (30G)
- ☐ Runoff (30R)
- ☐ Special (30S)

Election on M M / D D / Y Y Y Y in the State of

5. Covering Period 07 / 01 / 2026 through 07 / 15 / 2026

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: CHAFFIN, GORDON, , ,

Signature of Treasurer: *CHAFFIN, GORDON, , ,* Date: 07 / 15 / 2026

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

Office Use Only							

Image# 202607159875119370

SUMMARY PAGE
of Receipts and Disbursements

FEC **Form 3** (Revised 03/2016)

Write or Type Committee Name

GORDON CHAFFIN FOR CONGRESS

Report Covering the Period: From: 07/01/2026 To: 07/15/2026

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))	0.00	3520.00
(b) Total Contribution Refunds (from Line 20(d))	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	0.00	3520.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	268.41	31019.40
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	268.41	31019.40
8. Cash on Hand at Close of Reporting Period (from Line 27).....	0.00	
9. Debts and Obligations Owed **TO** the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed **BY** the Committee (Itemize all on Schedule C and/or Schedule D)	31058.17	

For further information, contact the Federal Election Commission at 800-424-9530 or visit www.fec.gov.

Image# 202607159875119371

DETAILED SUMMARY PAGE
of Receipts

FEC **Form 3** (Revised 05/2016)

Write or Type Committee Name

GORDON CHAFFIN FOR CONGRESS

Report Covering the Period: From: 07/01/2026 To: 07/15/2026

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	0.00	1550.00
(ii) Unitemized	0.00	1970.00
(iii) TOTAL of contributions from individuals ▶	0.00	3520.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) The Candidate	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))	0.00	3520.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate	0.00	31058.17
(b) All Other Loans	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b))	0.00	31058.17
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.)	0.00	487.09
16. **TOTAL RECEIPTS** (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4) ▶	0.00	35065.26

DETAILED SUMMARY PAGE

of Disbursements

FEC **Form 3** (Revised 05/2016)

II. DISBURSEMENTS

	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES	268.41	31019.40
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b))	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c))	0.00	0.00
21. OTHER DISBURSEMENTS	2995.86	4045.86
22. **TOTAL DISBURSEMENTS** (add Lines 17, 18, 19(c), 20(d), and 21) ▶	3264.27	35065.26

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD	3264.27
24 TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3)	0.00
25. SUBTOTAL (add Line 23 and Line 24)	3264.27
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)	3264.27
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)	0.00

Image# 202607159875119373

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 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)
GORDON CHAFFIN FOR CONGRESS

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

Mailing Address 680 RHODE ISLAND AVENUE NE
APT 363B

City: WASHINGTON | State: DC | Zip Code: 20002

Purpose of Disbursement: Campaign partial rePMT to candidate 07.03.2026

Category/ Type:

Candidate Name: GORDON CHAFFIN FOR CONGRESS

Office Sought: ☒ House ☐ Senate ☐ President
State: DC District: 01

Disbursement For: 2026
☒ Primary ☐ General ☐ Other (specify)

Date of Disbursement: 07 / 03 / 2026

FEC Identification Number: C C00915686

Amount of Each Disbursement this Period: 242.12

Transaction ID : SB17.4392

☐ Memo Item

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

Mailing Address 1600 Amphitheatre Parkway

City: Mountain View | State: CA | Zip Code: 94043

Purpose of Disbursement: Google Voice Fee for Workspace Jul 2026

Category/ Type: 001

Candidate Name: GORDON CHAFFIN FOR CONGRESS

Office Sought: ☒ House ☐ Senate ☐ President
State: DC District: 01

Disbursement For: 2026
☒ Primary ☐ General ☐ Other (specify)

Date of Disbursement: 07 / 02 / 2026

FEC Identification Number: C C00915686

Amount of Each Disbursement this Period: 26.29

Transaction ID : SB17.4389

☐ Memo Item

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

Mailing Address

City | State | Zip Code

Purpose of Disbursement

Category/ Type

Candidate Name

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For:
☐ Primary ☐ General ☐ Other (specify)

Date of Disbursement: M M / D D / Y Y Y Y

FEC Identification Number: C

Amount of Each Disbursement this Period

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 268.41

TOTAL This Period (last page this line number only) ▶ 268.41

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
☐ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☒ 21

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NAME OF COMMITTEE (In Full)
GORDON CHAFFIN FOR CONGRESS

A.
Full Name (Last, First, Middle Initial)
CHAFFIN, GORDON, , ,
Mailing Address 680 RHODE ISLAND AVENUE NE
APT 363B
City: WASHINGTON | State: DC | Zip Code: 20002
Purpose of Disbursement: Campaign partial rePMT to candidate 07.01.2026
Candidate Name: GORDON CHAFFIN FOR CONGRESS
Category/ Type:
Office Sought: ☒ House ☐ Senate ☐ President
State: DC District: 01
Disbursement For: 2026
☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 07 / 01 / 2026
FEC Identification Number: C C00915686
Amount of Each Disbursement this Period: 1000.00
Transaction ID : SB21.4390
☐ Memo Item

B.
Full Name (Last, First, Middle Initial)
CHAFFIN, GORDON, , ,
Mailing Address 680 RHODE ISLAND AVENUE NE
APT 363B
City: WASHINGTON | State: DC | Zip Code: 20002
Purpose of Disbursement: Campaign partial rePMT to candidate 07.02.2026
Candidate Name: GORDON CHAFFIN FOR CONGRESS
Category/ Type:
Office Sought: ☒ House ☐ Senate ☐ President
State: DC District: 01
Disbursement For: 2026
☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 07 / 02 / 2026
FEC Identification Number: C C00915686
Amount of Each Disbursement this Period: 1000.00
Transaction ID : SB21.4391
☐ Memo Item

C.
Full Name (Last, First, Middle Initial)
CHAFFIN, GORDON, , ,
Mailing Address 680 RHODE ISLAND AVENUE NE
APT 363B
City: WASHINGTON | State: DC | Zip Code: 20002
Purpose of Disbursement: Campaign partial rePMT to candidate 07.03.2026
Candidate Name: GORDON CHAFFIN FOR CONGRESS
Category/ Type:
Office Sought: ☒ House ☐ Senate ☐ President
State: DC District: 01
Disbursement For: 2026
☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 07 / 03 / 2026
FEC Identification Number: C C00915686
Amount of Each Disbursement this Period: 995.86
Transaction ID : SB21.4394
☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 2995.86

TOTAL This Period (last page this line number only) ▶ 2995.86

Image# 202607159875119375

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)
GORDON CHAFFIN FOR CONGRESS

Transaction ID : SC/10.4155

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

- [ ] Memo Item

Election: 2026
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address
680 RHODE ISLAND AVENUE NE
APT 363B

City	State	ZIP Code
WASHINGTON	DC	20002

- [X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
498.00	0.00	498.00

TERMS

Date Incurred (M M / D D / Y Y Y Y)	Date Due (M M / D D / Y Y Y Y)	Interest Rate (If none, enter 0)	Secured:
07 / 12 / 2025	12/31/2026	0.00 % (apr)	[ ] Yes [X] No

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

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

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

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

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

SUBTOTALS This Period This Page (optional) ▶	498.00
TOTALS This Period (last page in this line only) ▶	

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

Image# 202607159875119376

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)
GORDON CHAFFIN FOR CONGRESS

Transaction ID : SC/10.4156

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

- [ ] Memo Item

Election: 2026
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address
680 RHODE ISLAND AVENUE NE
APT 363B

City	State	ZIP Code
WASHINGTON	DC	20002

- [X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
280.00	0.00	280.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
07/15/2025	12/31/2026	0.00 % (apr)	[ ] Yes [X] No

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

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

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

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

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

SUBTOTALS This Period This Page (optional) ▶	280.00
TOTALS This Period (last page in this line only) ▶	

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

Image# 202607159875119377

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)
GORDON CHAFFIN FOR CONGRESS

Transaction ID : SC/10.4157

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

[ ] Memo Item

Mailing Address
680 RHODE ISLAND AVENUE NE
APT 363B

City	State	ZIP Code
WASHINGTON	DC	20002

Election: 2026
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

[X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
364.64	0.00	364.64

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
07/15/2025	12/31/2026	0.00 % (apr)	[ ] Yes [X] No

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

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

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

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

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

SUBTOTALS This Period This Page (optional) ▶	364.64
TOTALS This Period (last page in this line only) ▶	

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

Image# 202607159875119378

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)
GORDON CHAFFIN FOR CONGRESS

Transaction ID : SC/10.4158

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

- [ ] Memo Item

Election: 2026
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address
680 RHODE ISLAND AVENUE NE
APT 363B

City	State	ZIP Code
WASHINGTON	DC	20002

- [X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
15.90	0.00	15.90

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
07/15/2025	12/31/2026	0.00 % (apr)	[ ] Yes [X] No

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

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

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

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

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

SUBTOTALS This Period This Page (optional) ▶	15.90
TOTALS This Period (last page in this line only) ▶	

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

Image# 202607159875119379

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)
GORDON CHAFFIN FOR CONGRESS

Transaction ID : SC/10.4159

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

- [ ] Memo Item

Election: 2026
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address
680 RHODE ISLAND AVENUE NE
APT 363B

City	State	ZIP Code
WASHINGTON	DC	20002

- [X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
150.00	0.00	150.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
07/16/2025	12/31/2026	0.00 % (apr)	[ ] Yes [X] No

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

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

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

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

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

SUBTOTALS This Period This Page (optional) ▶ 150.00

TOTALS This Period (last page in this line only) ▶

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

Image# 202607159875119380

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)
GORDON CHAFFIN FOR CONGRESS

Transaction ID : SC/10.4160

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

- [ ] Memo Item

Election: 2026
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address
680 RHODE ISLAND AVENUE NE
APT 363B

City	State	ZIP Code
WASHINGTON	DC	20002

- [X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
350.00	0.00	350.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
07/21/2025	12/31/2026	0.00 % (apr)	[ ] Yes [X] No

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

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

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

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

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

SUBTOTALS This Period This Page (optional) ▶	350.00
TOTALS This Period (last page in this line only) ▶	

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

Image# 202607159875119381

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)
GORDON CHAFFIN FOR CONGRESS

Transaction ID : SC/10.4161

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

- [ ] Memo Item

Election: 2026
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address
680 RHODE ISLAND AVENUE NE
APT 363B

City	State	ZIP Code
WASHINGTON	DC	20002

- [X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
1000.00	0.00	1000.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
08/04/2025	12/31/2026	0.00 % (apr)	[ ] Yes [X] No

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

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

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

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

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

SUBTOTALS This Period This Page (optional) ▶ 1000.00

TOTALS This Period (last page in this line only) ▶

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

Image# 202607159875119382

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)
GORDON CHAFFIN FOR CONGRESS

Transaction ID : SC/10.4192

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

[ ] Memo Item

Mailing Address
680 RHODE ISLAND AVENUE NE
APT 363B

City: WASHINGTON | State: DC | ZIP Code: 20002

Election: 2026
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

[X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
340.00	0.00	340.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
08/05/2025	12/31/2026	0.00 % (apr)	[ ] Yes [X] No

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

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

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

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

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

SUBTOTALS This Period This Page (optional) ▶	340.00
TOTALS This Period (last page in this line only) ▶	

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

Image# 202607159875119383

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)
GORDON CHAFFIN FOR CONGRESS

Transaction ID : SC/10.4162

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

[ ] Memo Item

Mailing Address
680 RHODE ISLAND AVENUE NE
APT 363B

City	State	ZIP Code
WASHINGTON	DC	20002

Election: 2026
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

[X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
150.00	0.00	150.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
08/07/2025	12/31/2026	0.00 % (apr)	[ ] Yes [X] No

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

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

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

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

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

SUBTOTALS This Period This Page (optional) ▶	150.00
TOTALS This Period (last page in this line only) ▶	

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

Image# 202607159875119384

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)
GORDON CHAFFIN FOR CONGRESS

Transaction ID : SC/10.4163

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

- [ ] Memo Item

Election: 2026
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address
680 RHODE ISLAND AVENUE NE
APT 363B

City	State	ZIP Code
WASHINGTON	DC	20002

- [X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
100.00	0.00	100.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
08/12/2025	12/31/2026	0.00 % (apr)	[ ] Yes [X] No

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

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

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

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

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

SUBTOTALS This Period This Page (optional) ▶ 100.00

TOTALS This Period (last page in this line only) ▶

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

Image# 202607159875119385

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)
GORDON CHAFFIN FOR CONGRESS

Transaction ID : SC/10.4164

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

- [ ] Memo Item

Election: 2026
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address
680 RHODE ISLAND AVENUE NE
APT 363B

City	State	ZIP Code
WASHINGTON	DC	20002

- [X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
3000.00	0.00	3000.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
08/18/2025	12/31/2026	0.00 % (apr)	[ ] Yes [X] No

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

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

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

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

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

SUBTOTALS This Period This Page (optional) ▶	3000.00
TOTALS This Period (last page in this line only) ▶	

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

Image# 202607159875119386

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)
GORDON CHAFFIN FOR CONGRESS

Transaction ID : SC/10.4165

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

- [ ] Memo Item

Election: 2026
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address
680 RHODE ISLAND AVENUE NE
APT 363B

City	State	ZIP Code
WASHINGTON	DC	20002

- [X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
349.00	0.00	349.00

TERMS

Date Incurred (M M / D D / Y Y Y Y)	Date Due (M M / D D / Y Y Y Y)	Interest Rate (If none, enter 0)	Secured:
08 / 18 / 2025	12/31/2026	0.00 % (apr)	[ ] Yes [X] No

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

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

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

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

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

SUBTOTALS This Period This Page (optional) ▶	349.00
TOTALS This Period (last page in this line only) ▶	

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

Image# 202607159875119387

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)
GORDON CHAFFIN FOR CONGRESS

Transaction ID : SC/10.4166

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

- [ ] Memo Item

Election: 2026
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address
680 RHODE ISLAND AVENUE NE
APT 363B

City	State	ZIP Code
WASHINGTON	DC	20002

- [X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
1500.00	0.00	1500.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
09/02/2025	12/31/2026	0.00 % (apr)	[ ] Yes [X] No

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

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

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

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

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

SUBTOTALS This Period This Page (optional) ▶	1500.00
TOTALS This Period (last page in this line only) ▶	

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

Image# 202607159875119388

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)
GORDON CHAFFIN FOR CONGRESS

Transaction ID : SC/10.4168

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

- [ ] Memo Item

Election: 2026
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address
680 RHODE ISLAND AVENUE NE
APT 363B

City	State	ZIP Code
WASHINGTON	DC	20002

- [X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
500.00	0.00	500.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
09/15/2025	12/31/2026	0.00 % (apr)	[ ] Yes [X] No

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

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

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

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

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

SUBTOTALS This Period This Page (optional) ▶	500.00
TOTALS This Period (last page in this line only) ▶	

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

Image# 202607159875119389

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)
GORDON CHAFFIN FOR CONGRESS

Transaction ID : SC/10.4169

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

- [ ] Memo Item

Election: 2026
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address
680 RHODE ISLAND AVENUE NE
APT 363B

City	State	ZIP Code
WASHINGTON	DC	20002

- [X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
1200.00	0.00	1200.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
09/29/2025	12/31/2026	0.00 % (apr)	[ ] Yes [X] No

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

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

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

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

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

SUBTOTALS This Period This Page (optional) ▶	1200.00
TOTALS This Period (last page in this line only) ▶	

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

Image# 202607159875119390

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)
GORDON CHAFFIN FOR CONGRESS

Transaction ID : SC/10.4170

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

[ ] Memo Item

Mailing Address
680 RHODE ISLAND AVENUE NE
APT 363B

City: WASHINGTON | State: DC | ZIP Code: 20002

Election: 2026
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

[X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
200.00	0.00	200.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
10/01/2025	12/31/2025	0.00 % (apr)	[ ] Yes [X] No

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

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

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

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

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

SUBTOTALS This Period This Page (optional) ▶ 200.00

TOTALS This Period (last page in this line only) ▶

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

Image# 202607159875119391

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)
GORDON CHAFFIN FOR CONGRESS

Transaction ID : SC/10.4219

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

- [ ] Memo Item

Election: 2026
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address
680 RHODE ISLAND AVENUE NE
APT 363B

City	State	ZIP Code
WASHINGTON	DC	20002

- [X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
650.00	0.00	650.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
10/15/2025	12/31/2026	0.00 % (apr)	[ ] Yes [X] No

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

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

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

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

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

SUBTOTALS This Period This Page (optional) ▶	650.00
TOTALS This Period (last page in this line only) ▶	

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

Image# 202607159875119392

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)
GORDON CHAFFIN FOR CONGRESS

Transaction ID : SC/10.4221

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

- [ ] Memo Item

Election: 2026
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address
680 RHODE ISLAND AVENUE NE
APT 363B

City	State	ZIP Code
WASHINGTON	DC	20002

- [X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
1800.00	0.00	1800.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
10/24/2025	12/31/2026	0.00 % (apr)	[ ] Yes [X] No

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

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

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

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

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

SUBTOTALS This Period This Page (optional) ▶	1800.00
TOTALS This Period (last page in this line only) ▶	

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

Image# 202607159875119393

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)
GORDON CHAFFIN FOR CONGRESS

Transaction ID : SC/10.4222

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

[ ] Memo Item

Mailing Address
680 RHODE ISLAND AVENUE NE
APT 363B

City	State	ZIP Code
WASHINGTON	DC	20002

Election: 2025
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

[X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
2000.00	0.00	2000.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
11/25/2025	12/31/2026	1.00 % (apr)	[ ] Yes [X] No

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

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

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

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

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

SUBTOTALS This Period This Page (optional) ▶ 2000.00

TOTALS This Period (last page in this line only) ▶

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

Image# 202607159875119394

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)
GORDON CHAFFIN FOR CONGRESS

Transaction ID : SC/10.4223

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

- [ ] Memo Item

Election: 2026
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address
680 RHODE ISLAND AVENUE NE
APT 363B

City	State	ZIP Code
WASHINGTON	DC	20002

- [X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
1900.00	0.00	1900.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
12/15/2025	12/31/2026	0.00 % (apr)	[ ] Yes [X] No

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

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

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

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

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

SUBTOTALS This Period This Page (optional) ▶	1900.00
TOTALS This Period (last page in this line only) ▶	

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

Image# 202607159875119395

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)
GORDON CHAFFIN FOR CONGRESS

Transaction ID : SC/10.4270

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

- [ ] Memo Item

Election: 2026
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address
680 RHODE ISLAND AVENUE NE
APT 363B

City	State	ZIP Code
WASHINGTON	DC	20002

- [X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
1900.00	0.00	1900.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
01/28/2026	12/31/2026	0.00 % (apr)	[ ] Yes [X] No

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

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

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

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

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

SUBTOTALS This Period This Page (optional) ▶	1900.00
TOTALS This Period (last page in this line only) ▶	

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

Image# 202607159875119396

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)
GORDON CHAFFIN FOR CONGRESS

Transaction ID : SC/10.4271

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

[ ] Memo Item

Mailing Address
680 RHODE ISLAND AVENUE NE
APT 363B

City	State	ZIP Code
WASHINGTON	DC	20002

Election: 2026
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

[X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
1900.00	0.00	1900.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
02/09/2026	12/31/2026	0.00 % (apr)	[ ] Yes [X] No

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

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

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

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

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

SUBTOTALS This Period This Page (optional) ▶	1900.00
TOTALS This Period (last page in this line only) ▶	

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

Image# 202607159875119397

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)
GORDON CHAFFIN FOR CONGRESS

Transaction ID : SC/10.4272

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

- [ ] Memo Item

Election: 2026
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address
680 RHODE ISLAND AVENUE NE
APT 363B

City	State	ZIP Code
WASHINGTON	DC	20002

- [X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
1900.00	0.00	1900.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
03/09/2026	12/31/2026	0.00 % (apr)	[ ] Yes [X] No

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

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

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

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

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

SUBTOTALS This Period This Page (optional) ▶	1900.00
TOTALS This Period (last page in this line only) ▶	

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

Image# 202607159875119398

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)
GORDON CHAFFIN FOR CONGRESS

Transaction ID : SC/10.4273

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

- [ ] Memo Item

Election: 2026
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address
680 RHODE ISLAND AVENUE NE
APT 363B

City	State	ZIP Code
WASHINGTON	DC	20002

- [X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
500.00	0.00	500.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
03/25/2026	12/31/2026	0.00 % (apr)	[ ] Yes [X] No

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

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

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

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

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

SUBTOTALS This Period This Page (optional) ▶ 500.00

TOTALS This Period (last page in this line only) ▶

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

Image# 202607159875119399

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)
GORDON CHAFFIN FOR CONGRESS

Transaction ID : SC/10.4309

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

- [ ] Memo Item

Election: 2026
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address
680 RHODE ISLAND AVENUE NE
APT 363B

City	State	ZIP Code
WASHINGTON	DC	20002

- [X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
1000.00	0.00	1000.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
04/08/2026	12/31/2026	0.00 % (apr)	[ ] Yes [X] No

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

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

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

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

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

SUBTOTALS This Period This Page (optional) ▶	1000.00
TOTALS This Period (last page in this line only) ▶	

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

Image# 202607159875119400

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)
GORDON CHAFFIN FOR CONGRESS

Transaction ID : SC/10.4310

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

- [ ] Memo Item

Election: 2026
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address
680 RHODE ISLAND AVENUE NE
APT 363B

City	State	ZIP Code
WASHINGTON	DC	20002

- [X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
1750.00	0.00	1750.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
04/23/2026	12/31/2026	0.00 % (apr)	[ ] Yes [X] No

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

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

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

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

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

SUBTOTALS This Period This Page (optional) ▶	1750.00
TOTALS This Period (last page in this line only) ▶	

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

Image# 202607159875119401

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)
GORDON CHAFFIN FOR CONGRESS

Transaction ID : SC/10.4311

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

- [ ] Memo Item

Election: 2026
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address
680 RHODE ISLAND AVENUE NE
APT 363B

City	State	ZIP Code
WASHINGTON	DC	20002

- [X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
3500.00	0.00	3500.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
05/05/2026	12/31/2026	0.00 % (apr)	[ ] Yes [X] No

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

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

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

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

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

SUBTOTALS This Period This Page (optional) ▶ 3500.00

TOTALS This Period (last page in this line only) ▶

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

Image# 202607159875119402

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)
GORDON CHAFFIN FOR CONGRESS

Transaction ID : SC/10.4312

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

- [ ] Memo Item

Election: 2026
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address
680 RHODE ISLAND AVENUE NE
APT 363B

City	State	ZIP Code
WASHINGTON	DC	20002

- [X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
550.00	0.00	550.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
05/06/2026	12/31/2026	0.00 % (apr)	[ ] Yes [X] No

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

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

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

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

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

SUBTOTALS This Period This Page (optional) ▶	550.00
TOTALS This Period (last page in this line only) ▶	

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

Image# 202607159875119403

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)
GORDON CHAFFIN FOR CONGRESS

Transaction ID : SC/10.4313

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

- [ ] Memo Item

Election: 2026
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address
680 RHODE ISLAND AVENUE NE
APT 363B

City	State	ZIP Code
WASHINGTON	DC	20002

- [X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
450.00	0.00	450.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
05/07/2026	12/31/2026	0.00 % (apr)	[ ] Yes [X] No

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

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

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

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

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

SUBTOTALS This Period This Page (optional) ▶	450.00
TOTALS This Period (last page in this line only) ▶	

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

Image# 202607159875119404

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)
GORDON CHAFFIN FOR CONGRESS

Transaction ID : SC/10.4314

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

- [ ] Memo Item

Election: 2026
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address
680 RHODE ISLAND AVENUE NE
APT 363B

City	State	ZIP Code
WASHINGTON	DC	20002

- [X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
100.00	0.00	100.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
05/11/2026	12/31/2026	0.00 % (apr)	[ ] Yes [X] No

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

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

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

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

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

SUBTOTALS This Period This Page (optional) ▶	100.00
TOTALS This Period (last page in this line only) ▶	

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

Image# 202607159875119405

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)
GORDON CHAFFIN FOR CONGRESS

Transaction ID : SC/10.4315

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

- [ ] Memo Item

Election: 2026
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address
680 RHODE ISLAND AVENUE NE
APT 363B

City	State	ZIP Code
WASHINGTON	DC	20002

- [X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
100.00	0.00	100.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
06/21/2026	12/31/2026	0.00 % (apr)	[ ] Yes [X] No

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

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

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

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

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

SUBTOTALS This Period This Page (optional) ▶	100.00
TOTALS This Period (last page in this line only) ▶	

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

Image# 202607159875119406

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)
GORDON CHAFFIN FOR CONGRESS

Transaction ID : SC/10.4316

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

- [ ] Memo Item

Election: 2026
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address
680 RHODE ISLAND AVENUE NE
APT 363B

City	State	ZIP Code
WASHINGTON	DC	20002

- [X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
1060.63	0.00	1060.63

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
06/22/2026	12/31/2026	0.00 % (apr)	[ ] Yes [X] No

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

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

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

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

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

SUBTOTALS This Period This Page (optional) ▶	1060.63
TOTALS This Period (last page in this line only) ▶	31058.17

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