

# 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

CHRIS GIBSON FOR CONGRESS

ADDRESS (number and street) ▼

PO BOX 255

Check if different than previously reported. (ACC)

KINDERHOOK

NY

12106

2. **FEC IDENTIFICATION NUMBER** ▼

C C00477984

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

NY

19

4. **TYPE OF REPORT** (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

Termination Report (TER)

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

Primary (12P)

General (12G)

Runoff (12R)

Convention (12C)

Special (12S)

Election on

M M /

D D /

Y Y Y Y

in the State of

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

General (30G)

Runoff (30R)

Special (30S)

Election on

M M /

D D /

Y Y Y Y

in the State of

5. Covering Period

M M /

D D /

Y Y Y Y

through

M M /

D D /

Y Y Y Y

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 BRADLEY T CRATE

Signature of Treasurer BRADLEY T CRATE

[Electronically Filed]

Date

M M /

D D /

Y Y Y Y

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

Office Use Only

FEC FORM 3 (Revised 02/2003)

**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name

**CHRIS GIBSON FOR CONGRESS**

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

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
<b>6. Net Contributions (other than loans)</b>		
(a) Total Contributions (other than loans) (from Line 11(e))....	0.00	1085.00
(b) Total Contribution Refunds (from Line 20(d)) .....	3000.00	3265.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	-3000.00	-2180.00
<b>7. Net Operating Expenditures</b>		
(a) Total Operating Expenditures (from Line 17) .....	13715.64	55089.94
(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)).....	13715.64	55089.94
<b>8. Cash on Hand at Close of Reporting Period (from Line 27).....</b>	104235.87	
<b>9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	0.00	
<b>10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	0.00	

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

**CHRIS GIBSON FOR CONGRESS**

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

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	0.00	1000.00
(ii) Unitemized.....	0.00	85.00
(iii) TOTAL of contributions from individuals ▶	0.00	1085.00
(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	1085.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....	0.00	1585.56
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.).....	0.00	0.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	0.00	2670.56

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	13715.64	55089.94
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	265.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	3000.00	3000.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	3000.00	3265.00
21. OTHER DISBURSEMENTS .....	35550.00	71550.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ▶	52265.64	129904.94

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	156501.51
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	0.00
25. SUBTOTAL (add Line 23 and Line 24).....	156501.51
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	52265.64
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	104235.87

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 OF 29			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 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)  
**CHRIS GIBSON FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. ADOBE</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 28 / 2015
Mailing Address 345 PARK AVE		Amount of Each Disbursement this Period 148.73
City SAN JOSE	State CA	
Zip Code 95110	Purpose of Disbursement AMEX 04/03 CC PAYMENT: SOFTWARE	Transaction ID : SB17.21117
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)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>B. ADOBE</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 28 / 2015
Mailing Address 345 PARK AVE		Amount of Each Disbursement this Period 148.73
City SAN JOSE	State CA	
Zip Code 95110	Purpose of Disbursement AMEX 05/04 CC PAYMENT: SOFTWARE	Transaction ID : SB17.21132
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)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>C. ADOBE</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 28 / 2015
Mailing Address 345 PARK AVE		Amount of Each Disbursement this Period 148.73
City SAN JOSE	State CA	
Zip Code 95110	Purpose of Disbursement AMEX 06/03 CC PAYMENT: SOFTWARE	Transaction ID : SB17.21161
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)	[MEMO ITEM]
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 29			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**CHRIS GIBSON FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. AGC OF AMERICA</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 10 / 2015
Mailing Address 2300 WILSON BLVD. SUITE 300		Amount of Each Disbursement this Period 300.00
City ARLINGTON	State VA Zip Code 22201	
Purpose of Disbursement AMEX 04/03 CC PAYMENT: EVENT REGISTRATION FEE		Transaction ID : SB17.21104
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. ALL TAXI</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 23 / 2015
Mailing Address 26-01 43RD AVE		Amount of Each Disbursement this Period 13.50
City LONG ISLAND CITY	State NY Zip Code 11101	
Purpose of Disbursement AMEX 04/03 CC PAYMENT: TRAVEL: GROUND TRANSPORTATION		Transaction ID : SB17.21106
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>C. AMAZON</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 26 / 2015
Mailing Address 1200 12TH AVE SOUTH SUITE 1200		Amount of Each Disbursement this Period 21.18
City SEATTLE	State WA Zip Code 98144	
Purpose of Disbursement AMEX 05/04 CC PAYMENT: OFFICE SUPPLIES		Transaction ID : SB17.21129
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 29			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**CHRIS GIBSON FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. AMERICAN EXPRESS</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 19 / 2015
Mailing Address 200 VESSEY ST		Amount of Each Disbursement this Period 95.00
City NEW YORK	State NY	
Zip Code 10285	Purpose of Disbursement AMEX 04/03 CC PAYMENT: BANK FEE	Transaction ID : SB17.21102
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)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>B. AMERICAN EXPRESS</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 03 / 2015
Mailing Address 200 VESSEY ST		Amount of Each Disbursement this Period 1636.73
City NEW YORK	State NY	
Zip Code 10285	Purpose of Disbursement CREDIT CARD PAYMENT: SEE MEMO ENTRIES	Transaction ID : SB17.21072
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. AMERICAN EXPRESS</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 30 / 2015
Mailing Address 200 VESSEY ST		Amount of Each Disbursement this Period 9.95
City NEW YORK	State NY	
Zip Code 10285	Purpose of Disbursement AMEX 06/03 CC PAYMENT: BANK FEE	Transaction ID : SB17.21138
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)	[MEMO ITEM]
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1636.73
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 29			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**CHRIS GIBSON FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. AMERICAN EXPRESS</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 04 / 2015	
Mailing Address 200 VESSEY ST			Amount of Each Disbursement this Period 1192.82	
City NEW YORK	State NY	Zip Code 10285	Transaction ID : SB17.21073	
Purpose of Disbursement CREDIT CARD PAYMENT: SEE MEMO ENTRIES		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. AMERICAN EXPRESS</b>			Date of Disbursement M M / D D / Y Y Y Y 06 / 09 / 2015	
Mailing Address 200 VESSEY ST			Amount of Each Disbursement this Period 2987.08	
City NEW YORK	State NY	Zip Code 10285	Transaction ID : SB17.21074	
Purpose of Disbursement CREDIT CARD PAYMENT: SEE MEMO ENTRIES		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>C. AMTRAK</b>			Date of Disbursement M M / D D / Y Y Y Y 02 / 17 / 2015	
Mailing Address 50 MASSACHUSETTS AVE			Amount of Each Disbursement this Period 64.80	
City WASHINGTON	State DC	Zip Code 20002	Transaction ID : SB17.21114	
Purpose of Disbursement AMEX 04/03 CC PAYMENT: TRAVEL: RAIL		Category/ Type	[MEMO ITEM]	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	4179.90
<b>TOTAL</b> This Period (last page this line number only).....	



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 29			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**CHRIS GIBSON FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. AMTRAK</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 17 / 2015
Mailing Address 50 MASSACHUSETTS AVE		Amount of Each Disbursement this Period 168.00
City WASHINGTON	State DC	
Zip Code 20002	Purpose of Disbursement AMEX 04/03 CC PAYMENT: TRAVEL: RAIL	Transaction ID : SB17.21115
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)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>B. AMTRAK</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 23 / 2015
Mailing Address 50 MASSACHUSETTS AVE		Amount of Each Disbursement this Period 29.60
City WASHINGTON	State DC	
Zip Code 20002	Purpose of Disbursement AMEX 04/03 CC PAYMENT: TRAVEL: RAIL	Transaction ID : SB17.21107
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)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>C. AMTRAK</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 15 / 2015
Mailing Address 50 MASSACHUSETTS AVE		Amount of Each Disbursement this Period 72.00
City WASHINGTON	State DC	
Zip Code 20002	Purpose of Disbursement AMEX 05/04 CC PAYMENT: TRAVEL: RAIL	Transaction ID : SB17.21118
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)	[MEMO ITEM]
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 29			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**CHRIS GIBSON FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. BOMBERS BURRITO BAR</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 02 / 2015
Mailing Address 258 LARK ST		Amount of Each Disbursement this Period 141.75
City ALBANY State NY Zip Code 12210	Purpose of Disbursement AMEX 05/04 CC PAYMENT: MEETING EXPENSE: MEALS	
Candidate Name	Category/Type	Transaction ID : SB17.21127 <b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. STEVEN BULGER</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 01 / 2015
Mailing Address PO BOX 255		Amount of Each Disbursement this Period 500.00
City KINDERHOOK State NY Zip Code 12106	Purpose of Disbursement STIPEND	
Candidate Name	Category/Type	Transaction ID : SB17.21082
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. STEVEN BULGER</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 30 / 2015
Mailing Address PO BOX 255		Amount of Each Disbursement this Period 500.00
City KINDERHOOK State NY Zip Code 12106	Purpose of Disbursement STIPEND	
Candidate Name	Category/Type	Transaction ID : SB17.21083
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1000.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 12 OF 29	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**CHRIS GIBSON FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. STEVEN BULGER</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 29 / 2015
Mailing Address PO BOX 255		Amount of Each Disbursement this Period 500.00 <b>Transaction ID : SB17.21084</b>
City KINDERHOOK	State NY	
Zip Code 12106	Purpose of Disbursement STIPEND	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. STEVEN BULGER</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2015
Mailing Address PO BOX 255		Amount of Each Disbursement this Period 500.00 <b>Transaction ID : SB17.21085</b>
City KINDERHOOK	State NY	
Zip Code 12106	Purpose of Disbursement STIPEND	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. CAPITOL HILL CLUB</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 20 / 2015
Mailing Address 300 FIRST ST SE		Amount of Each Disbursement this Period 141.26 <b>Transaction ID : SB17.21112</b> <b>[MEMO ITEM]</b>
City WASHINGTON	State DC	
Zip Code 20003	Purpose of Disbursement AMEX 04/03 CC PAYMENT: MEETING EXPENSE: MEALS	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1000.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 29			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**CHRIS GIBSON FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. CAPITOL HILL CLUB</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 16 / 2015
Mailing Address 300 FIRST ST SE		Amount of Each Disbursement this Period 146.78
City WASHINGTON State DC Zip Code 20003	Purpose of Disbursement AMEX 04/03 CC PAYMENT: MEETING EXPENSE: MEALS	
Candidate Name	Category/Type	Transaction ID : SB17.21103 <b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. CAPITOL HILL CLUB</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 15 / 2015
Mailing Address 300 FIRST ST SE		Amount of Each Disbursement this Period 201.05
City WASHINGTON State DC Zip Code 20003	Purpose of Disbursement AMEX 05/04 CC PAYMENT: MEETING EXPENSE: MEALS	
Candidate Name	Category/Type	Transaction ID : SB17.21121 <b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. CAPITOL HILL CLUB</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 15 / 2015
Mailing Address 300 FIRST ST SE		Amount of Each Disbursement this Period 97.70
City WASHINGTON State DC Zip Code 20003	Purpose of Disbursement AMEX 06/03 CC PAYMENT: MEETING EXPENSE: MEALS	
Candidate Name	Category/Type	Transaction ID : SB17.21133 <b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 29			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**CHRIS GIBSON FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. CHICKPEA</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 27 / 2015
Mailing Address PENN STATION 34TH ST		Amount of Each Disbursement this Period 15.19
City NEW YORK	State NY	
Zip Code 10123		[MEMO ITEM]
Purpose of Disbursement AMEX 06/03 CC PAYMENT: TRAVEL: FOOD	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. COINS FOR ANYTHING, INC</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 25 / 2015
Mailing Address 100 INDUSTRIAL DR		Amount of Each Disbursement this Period 135.00
City FREDERICKSBURG	State VA	
Zip Code 22408		[MEMO ITEM]
Purpose of Disbursement AMEX 05/04 CC PAYMENT: PRINTING & DESIGN SERVICES	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. COINS FOR ANYTHING, INC</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 13 / 2015
Mailing Address 100 INDUSTRIAL DR		Amount of Each Disbursement this Period 1605.00
City FREDERICKSBURG	State VA	
Zip Code 22408		[MEMO ITEM]
Purpose of Disbursement AMEX 06/03 CC PAYMENT: PRINTING & DESIGN SERVICES	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 29			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**CHRIS GIBSON FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. DC VIP CAB</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 24 / 2015
Mailing Address 2606 BLADENSBURG RD NE		Amount of Each Disbursement this Period 8.70
City WASHINGTON State DC Zip Code 20018	Purpose of Disbursement AMEX 05/04 CC PAYMENT: TRAVEL: GROUND TRANSPORTATION	
Candidate Name	Category/Type	<b>Transaction ID : SB17.21131</b> <b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. DC VIP CAB</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 27 / 2015
Mailing Address 2606 BLADENSBURG RD NE		Amount of Each Disbursement this Period 9.55
City WASHINGTON State DC Zip Code 20018	Purpose of Disbursement AMEX 06/03 CC PAYMENT: TRAVEL: GROUND TRANSPORTATION	
Candidate Name	Category/Type	<b>Transaction ID : SB17.21149</b> <b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. EPAY BUSINESS SOLUTIONS INC.</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 01 / 2015
Mailing Address 27A MIDSTATE DRIVE		Amount of Each Disbursement this Period 50.00
City AUBURN State MA Zip Code 01501	Purpose of Disbursement STIPEND PROCESSING FEE	
Candidate Name	Category/Type	<b>Transaction ID : SB17.21075</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	50.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 16 OF 29	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**CHRIS GIBSON FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. EPAY BUSINESS SOLUTIONS INC.</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 30 / 2015
Mailing Address 27A MIDSTATE DRIVE		Amount of Each Disbursement this Period 50.00 <b>Transaction ID : SB17.21076</b>
City AUBURN State MA Zip Code 01501	Purpose of Disbursement STIPEND PROCESSING FEE	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. EPAY BUSINESS SOLUTIONS INC.</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 29 / 2015
Mailing Address 27A MIDSTATE DRIVE		Amount of Each Disbursement this Period 50.00 <b>Transaction ID : SB17.21077</b>
City AUBURN State MA Zip Code 01501	Purpose of Disbursement STIPEND PROCESSING FEE	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. EPAY BUSINESS SOLUTIONS INC.</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2015
Mailing Address 27A MIDSTATE DRIVE		Amount of Each Disbursement this Period 50.00 <b>Transaction ID : SB17.21078</b>
City AUBURN State MA Zip Code 01501	Purpose of Disbursement STIPEND PROCESSING FEE	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	150.00
<b>TOTAL</b> This Period (last page this line number only).....	



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 29			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**CHRIS GIBSON FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. EXXON MOBIL</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 18 / 2015
Mailing Address 811 ROUTE 66		Amount of Each Disbursement this Period 960.00
City HUDSON State NY Zip Code 12534	Purpose of Disbursement AMEX 04/03 CC PAYMENT: TRAVEL: FUEL	
Candidate Name	Category/Type	Transaction ID : SB17.21113 <b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. EXXON MOBIL</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 02 / 2015
Mailing Address 811 ROUTE 66		Amount of Each Disbursement this Period 26.23
City HUDSON State NY Zip Code 12534	Purpose of Disbursement AMEX 05/04 CC PAYMENT: TRAVEL: FUEL	
Candidate Name	Category/Type	Transaction ID : SB17.21128 <b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. HUDSON VALLEY STRATEGIES</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 24 / 2015
Mailing Address PO BOX 526		Amount of Each Disbursement this Period 960.00
City NASSAU State NY Zip Code 12123	Purpose of Disbursement DIRECT MAIL PRINTING	
Candidate Name	Category/Type	Transaction ID : SB17.21079
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	960.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 29			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**CHRIS GIBSON FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. LE PAIN QUOTIDIEN</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 27 / 2015	
Mailing Address 434 W BROADWAY			Amount of Each Disbursement this Period 42.28	
City NEW YORK	State NY	Zip Code 10013	Transaction ID : SB17.21145	
Purpose of Disbursement AMEX 06/03 CC PAYMENT: TRAVEL: FOOD			[MEMO ITEM]	
Candidate Name			Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: _____	District: _____			

Full Name (Last, First, Middle Initial) <b>B. MCGEARY'S RESTAURANT</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 06 / 2015	
Mailing Address 4 CLINTON SQUARE			Amount of Each Disbursement this Period 49.92	
City ALBANY	State NY	Zip Code 12207	Transaction ID : SB17.21136	
Purpose of Disbursement AMEX 06/03 CC PAYMENT: MEETING EXPENSE: MEALS			[MEMO ITEM]	
Candidate Name			Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: _____	District: _____			

Full Name (Last, First, Middle Initial) <b>C. MTA/NYC TRANSIT</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 20 / 2015	
Mailing Address 130 LIVINGSTON ST STE 6F			Amount of Each Disbursement this Period 47.00	
City BROOKLYN	State NY	Zip Code 11201	Transaction ID : SB17.21155	
Purpose of Disbursement AMEX 06/03 CC PAYMENT: TRAVEL: RAIL			[MEMO ITEM]	
Candidate Name			Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: _____	District: _____			

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 29			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**CHRIS GIBSON FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. NATIONAL CAR RENTAL</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 21 / 2015
Mailing Address 850 ALBANY SHAKER RD		Amount of Each Disbursement this Period 80.88
City LATHAM State NY Zip Code 12110	Purpose of Disbursement AMEX 06/03 CC PAYMENT: TRAVEL: CAR RENTAL	
Candidate Name	Category/Type	Transaction ID : SB17.21151 <b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. NYC TAXI</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 20 / 2015
Mailing Address 33 BEAVER ST		Amount of Each Disbursement this Period 6.95
City NEW YORK State NY Zip Code 10004	Purpose of Disbursement AMEX 06/03 CC PAYMENT: TRAVEL: GROUND TRANSPORTATION	
Candidate Name	Category/Type	Transaction ID : SB17.21156 <b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. NYC TAXI</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 20 / 2015
Mailing Address 33 BEAVER ST		Amount of Each Disbursement this Period 12.35
City NEW YORK State NY Zip Code 10004	Purpose of Disbursement AMEX 06/03 CC PAYMENT: TRAVEL: GROUND TRANSPORTATION	
Candidate Name	Category/Type	Transaction ID : SB17.21157 <b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 20 OF 29	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**CHRIS GIBSON FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. NYC TAXI</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 27 / 2015
Mailing Address 33 BEAVER ST		Amount of Each Disbursement this Period 17.76
City NEW YORK	State NY	
Zip Code 10004	Purpose of Disbursement AMEX 06/03 CC PAYMENT: TRAVEL: GROUND TRANSPORTATION	Transaction ID : SB17.21143
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)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>B. PANERA</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 10 / 2015
Mailing Address 65 WOLF ROAD		Amount of Each Disbursement this Period 40.67
City ALBANY	State MA	
Zip Code 02215	Purpose of Disbursement AMEX 05/04 CC PAYMENT: TRAVEL: FOOD	Transaction ID : SB17.21123
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)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>C. PARKER &amp; QUINN</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 27 / 2015
Mailing Address 64 W 39TH ST		Amount of Each Disbursement this Period 69.79
City NEW YORK	State NY	
Zip Code 10018	Purpose of Disbursement AMEX 06/03 CC PAYMENT: MEETING EXPENSE: MEALS	Transaction ID : SB17.21147
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)	[MEMO ITEM]
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 21 OF 29	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**CHRIS GIBSON FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. PARKER &amp; QUINN</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 27 / 2015
Mailing Address 64 W 39TH ST		Amount of Each Disbursement this Period 71.37
City NEW YORK	State NY	
Zip Code 10018		Transaction ID : SB17.21148
Purpose of Disbursement AMEX 06/03 CC PAYMENT: MEETING EXPENSE: MEALS		
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: _____	District: _____	

Full Name (Last, First, Middle Initial) <b>B. QUEENS MEDALLION LEASING</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 23 / 2015
Mailing Address 21-03 44TH AVE		Amount of Each Disbursement this Period 10.56
City LONG ISLAND CITY	State NY	
Zip Code 11101		Transaction ID : SB17.21109
Purpose of Disbursement AMEX 04/03 CC PAYMENT: TRAVEL: CAR RENTAL		
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: _____	District: _____	

Full Name (Last, First, Middle Initial) <b>C. SERAFINA BROADWAY</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 23 / 2015
Mailing Address 210 W 55TH ST		Amount of Each Disbursement this Period 129.42
City NEW YORK	State NY	
Zip Code 10019		Transaction ID : SB17.21111
Purpose of Disbursement AMEX 04/03 CC PAYMENT: MEETING EXPENSE: MEALS		
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: _____	District: _____	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 22 OF 29	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**CHRIS GIBSON FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. SHELL OIL</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 20 / 2015
Mailing Address 143 BRONX RIVER RD		Amount of Each Disbursement this Period 33.25
City YONKERS	State NY Zip Code 10704	
Purpose of Disbursement AMEX 06/03 CC PAYMENT: TRAVEL: FUEL		Transaction ID : SB17.21158
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. SOUTHWEST AIRLINES</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 28 / 2015
Mailing Address 2702 LOVE FIELD DRIVE		Amount of Each Disbursement this Period 362.20
City DALLAS	State TX Zip Code 75235	
Purpose of Disbursement AMEX 06/03 CC PAYMENT: TRAVEL: AIR		Transaction ID : SB17.21140
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>C. STARBUCKS</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 08 / 2015
Mailing Address 549 TROY SCHENECTADY RD		Amount of Each Disbursement this Period 4.14
City LATHAM	State NY Zip Code 12110	
Purpose of Disbursement AMEX 05/04 CC PAYMENT: TRAVEL: FOOD		Transaction ID : SB17.21124
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 23 OF 29	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**CHRIS GIBSON FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. STARBUCKS</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 08 / 2015
Mailing Address 549 TROY SCHENECTADY RD		Amount of Each Disbursement this Period 5.29
City LATHAM State NY Zip Code 12110	Purpose of Disbursement AMEX 05/04 CC PAYMENT: TRAVEL: FOOD	
Candidate Name	Category/Type	Transaction ID : SB17.21125 <b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. STEWART'S SHOP</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 05 / 2015
Mailing Address 61 CHATHAM ST		Amount of Each Disbursement this Period 27.23
City KINDERHOOK State NY Zip Code 12106	Purpose of Disbursement AMEX 06/03 CC PAYMENT: TRAVEL: FUEL	
Candidate Name	Category/Type	Transaction ID : SB17.21137 <b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. THE KITANO NEW YORK</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 20 / 2015
Mailing Address 66 PARK AVENUE E 38TH STREET		Amount of Each Disbursement this Period 26.30
City NEW YORK State NY Zip Code 10016	Purpose of Disbursement AMEX 06/03 CC PAYMENT: PARKING EXPENSE	
Candidate Name	Category/Type	Transaction ID : SB17.21154 <b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 29			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**CHRIS GIBSON FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. VERIZON WIRELESS</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 24 / 2015
Mailing Address 1 VERIZON WAY		Amount of Each Disbursement this Period 122.08
City BASKING RIDGE	State NJ	
Zip Code 07920	Purpose of Disbursement AMEX 04/03 CC PAYMENT: MOBILE PHONE EXPENSE	Transaction ID : SB17.21105 <b>[MEMO ITEM]</b>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. VERIZON WIRELESS</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 17 / 2015
Mailing Address 1 VERIZON WAY		Amount of Each Disbursement this Period 239.77
City BASKING RIDGE	State NJ	
Zip Code 07920	Purpose of Disbursement AMEX 04/03 CC PAYMENT: MOBILE PHONE EXPENSE	Transaction ID : SB17.21116 <b>[MEMO ITEM]</b>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. VERIZON WIRELESS</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 13 / 2015
Mailing Address 1 VERIZON WAY		Amount of Each Disbursement this Period 122.08
City BASKING RIDGE	State NJ	
Zip Code 07920	Purpose of Disbursement AMEX 05/04 CC PAYMENT: MOBILE PHONE EXPENSE	Transaction ID : SB17.21122 <b>[MEMO ITEM]</b>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 25 OF 29	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**CHRIS GIBSON FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. VERIZON WIRELESS</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 21 / 2015
Mailing Address 1 VERIZON WAY		Amount of Each Disbursement this Period 818.93 Transaction ID : SB17.21152 <b>[MEMO ITEM]</b>
City BASKING RIDGE	State NJ Zip Code 07920	
Purpose of Disbursement AMEX 06/03 CC PAYMENT: MOBILE PHONE EXPENSE		Category/Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. WORKERS' COMPENSATION BOARD OF NEW YORK STATE</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 24 / 2015
Mailing Address 328 STATE STREET		Amount of Each Disbursement this Period 832.70 Transaction ID : SB17.21087
City SCHENECTADY	State NY Zip Code 12305	
Purpose of Disbursement WORKERS' COMPENSATION PAYMENT		Category/Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. ZARO BREAD BASKET</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 20 / 2015
Mailing Address 466 LEXINGTON AVE		Amount of Each Disbursement this Period 5.75 Transaction ID : SB17.21160 <b>[MEMO ITEM]</b>
City NEW YORK	State NY Zip Code 10017	
Purpose of Disbursement AMEX 06/03 CC PAYMENT: TRAVEL: FOOD		Category/Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	832.70
<b>TOTAL</b> This Period (last page this line number only).....	9809.33

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 26 OF 29	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input checked="" type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**CHRIS GIBSON FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. MVP HEALTH CARE INC. FEDERAL PAC</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 21 / 2015
Mailing Address 625 STATE STREET		Amount of Each Disbursement this Period 3000.00
City SCHENECTADY State NY Zip Code 12305	Purpose of Disbursement CONTRIBUTION REFUND	
Candidate Name	Category/Type	<b>Transaction ID : SB20C.21088</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B.</b>		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City State Zip Code	Purpose of Disbursement	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City State Zip Code	Purpose of Disbursement	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3000.00
<b>TOTAL</b> This Period (last page this line number only).....	3000.00

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 27 OF 29	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input checked="" type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**CHRIS GIBSON FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. COLUMBIA ECONOMIC DEVELOPMENT CORPORATION</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 01 / 2015
Mailing Address 4303 ROUTE 9		Amount of Each Disbursement this Period 250.00 <b>Transaction ID : SB21.21090</b>
City HUDSON State NY Zip Code 12534	Purpose of Disbursement CHARITABLE CONTRIBUTION	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. KATKO FOR CONGRESS</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 29 / 2015
Mailing Address PO BOX 133		Amount of Each Disbursement this Period 2000.00 <b>Transaction ID : SB21.21091</b>
City CAMILLUS State NY Zip Code 13031	Purpose of Disbursement GENERAL 2016 CONTRIBUTION	
Candidate Name	Category/Type	
Office Sought: <input checked="" 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: NY District: 24		

Full Name (Last, First, Middle Initial) <b>C. LAHOOD FOR CONGRESS</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 16 / 2015
Mailing Address P.O. BOX 10735		Amount of Each Disbursement this Period 1000.00 <b>Transaction ID : SB21.21093</b>
City PEORIA State IL Zip Code 61612	Purpose of Disbursement SPECIAL PRIMARY 2015 CONTRIBUTION	
Candidate Name	Category/Type	
Office Sought: <input checked="" 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: IL District: 18		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3250.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 29
	<input type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input checked="" type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**CHRIS GIBSON FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. MONTGOMERY COUNTY REPUBLICAN COMMITTEE</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 29 / 2015
Mailing Address 5849 STATE HWY 30		Amount of Each Disbursement this Period 300.00 <b>Transaction ID : SB21.21095</b>
City AMSTERDAM	State NY	
Zip Code 12010	Purpose of Disbursement NON-FEDERAL CONTRIBUTION	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. NEW YORK STATE CONSERVATIVE PARTY</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 21 / 2015
Mailing Address 486 78TH STREET		Amount of Each Disbursement this Period 5000.00 <b>Transaction ID : SB21.21096</b>
City BROOKLYN	State NY	
Zip Code 11209	Purpose of Disbursement FEDERAL CONTRIBUTION	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. NY REPUBLICAN FEDERAL CAMPAIGN COMMITTEE</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 15 / 2015
Mailing Address 315 STATE STREET		Amount of Each Disbursement this Period 25000.00 <b>Transaction ID : SB21.21098</b>
City ALBANY	State NY	
Zip Code 12210	Purpose of Disbursement TRANSFER	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	30300.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 29			
	<input type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input checked="" type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**CHRIS GIBSON FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. NY REPUBLICAN FEDERAL CAMPAIGN COMMITTEE</b>			Date of Disbursement M M / D D / Y Y Y Y 06 / 24 / 2015		
Mailing Address 315 STATE STREET			Amount of Each Disbursement this Period 960.00		
City ALBANY	State NY	Zip Code 12210	Transaction ID : SB21.21100		
Purpose of Disbursement IN-KIND: DIRECT MAIL PRINTING		Category/ Type	[MEMO ITEM]		
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State:	District:				

Full Name (Last, First, Middle Initial) <b>B. ZELDIN FOR CONGRESS</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 21 / 2015		
Mailing Address 47 FLINTLOCK DRIVE			Amount of Each Disbursement this Period 2000.00		
City SHIRLEY	State NY	Zip Code 11967	Transaction ID : SB21.21099		
Purpose of Disbursement GENERAL 2016 CONTRIBUTION		Category/ Type			
Candidate Name					
Office Sought: <input checked="" 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: NY	District: 01				

Full Name (Last, First, Middle Initial) <b>C.</b>			Date of Disbursement M M / D D / Y Y Y Y		
Mailing Address			Amount of Each Disbursement this Period		
City	State	Zip Code			
Purpose of Disbursement		Category/ Type			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State:	District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2000.00
<b>TOTAL</b> This Period (last page this line number only).....	35550.00