

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: M M / D D / Y Y Y Y 10 / 01 / 2025 To: M M / D D / Y Y Y Y 12 / 31 / 2025

	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))	125.00	1116.00
(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))	125.00	1116.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	6353.23	15248.12
(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))	6353.23	15248.12
8. Cash on Hand at Close of Reporting Period (from Line 27)	2702.51	
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)	16347.54	

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

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: / / 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	250.00
(ii) Unitemized.....	125.00	866.00
(iii) TOTAL of contributions from individuals ▶	125.00	1116.00
(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))..	125.00	1116.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	6550.00	16347.54
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	6550.00	16347.54
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.)	232.09	487.09
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	6907.09	17950.63

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.....	6353.23	15248.12
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	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	6353.23	15248.12

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	2148.65
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	6907.09
25. SUBTOTAL (add Line 23 and Line 24).....	9055.74
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	6353.23
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	2702.51

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 OF 30
	<input type="checkbox"/> 11a 12 <input checked="" type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)
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

FEC ID number of contributing federal political committee. **C** H6DC01038

Name of Employer Self-Employed Occupation Dog Care Professional

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
9997.54

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 01 / 2025

Transaction ID : SA13A.4170

Amount of Each Receipt this Period
200.00

Memo Item
Zelle from Personal to Campaign Acct

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

FEC ID number of contributing federal political committee. **C** H6DC01038

Name of Employer Self-Employed Occupation Dog Care Professional

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
10647.54

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 15 / 2025

Transaction ID : SA13A.4219

Amount of Each Receipt this Period
650.00

Memo Item
Candidate Loan to Campaign - 10.15.2025

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

FEC ID number of contributing federal political committee. **C** H6DC01038

Name of Employer Self-Employed Occupation Dog Care Professional

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
12447.54

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 24 / 2025

Transaction ID : SA13A.4221

Amount of Each Receipt this Period
1800.00

Memo Item
Candidate loan to Campaign - 10.24.2025

SUBTOTAL of Receipts This Page (optional)..... ▶	2650.00
TOTAL This Period (last page this line number only)..... ▶	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 OF 30
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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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

FEC ID number of contributing federal political committee. **C** H6DC01038

Name of Employer Self-Employed Occupation Dog Care Professional

Receipt For: 2025
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
14447.54

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 25 / 2025

Transaction ID : SA13A.4222

Amount of Each Receipt this Period
2000.00

Memo Item
Candidate Loan to Campaign - 11.25.2025

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

FEC ID number of contributing federal political committee. **C** H6DC01038

Name of Employer Self-Employed Occupation Dog Care Professional

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
16347.54

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 15 / 2025

Transaction ID : SA13A.4223

Amount of Each Receipt this Period
1900.00

Memo Item
Candidate loan to Campaign - 12.15.2025

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

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

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	3900.00
TOTAL This Period (last page this line number only).....▶	6550.00

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 7 OF 30	
	<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)
GORDON CHAFFIN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. EveryAction, Inc. d/b/a NGP VAN			Date of Disbursement M M / D D / Y Y Y Y 10 / 03 / 2025	
Mailing Address 750 17th St NW 3rd Floor			FEC Identification Number C C00915686	
City Washington	State DC	Zip Code 20006	Amount of Each Disbursement this Period 1702.94	
Purpose of Disbursement NGP VAN PMT Oct25		Category/ Type 001	Transaction ID : SB17.4228	
Candidate Name GORDON CHAFFIN FOR CONGRESS		Memo Item <input type="checkbox"/>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: DC District: 01				

Full Name (Last, First, Middle Initial) B. EveryAction, Inc. d/b/a NGP VAN			Date of Disbursement M M / D D / Y Y Y Y 11 / 19 / 2025	
Mailing Address 750 17th St NW 3rd Floor			FEC Identification Number C C00915686	
City Washington	State DC	Zip Code 20006	Amount of Each Disbursement this Period 1694.94	
Purpose of Disbursement NGP VAN PMT Nov25		Category/ Type 001	Transaction ID : SB17.4230	
Candidate Name GORDON CHAFFIN FOR CONGRESS		Memo Item <input type="checkbox"/>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: DC District: 01				

Full Name (Last, First, Middle Initial) C. EveryAction, Inc. d/b/a NGP VAN			Date of Disbursement M M / D D / Y Y Y Y 12 / 03 / 2025	
Mailing Address 750 17th St NW 3rd Floor			FEC Identification Number C C00915686	
City Washington	State DC	Zip Code 20006	Amount of Each Disbursement this Period 1694.94	
Purpose of Disbursement NGP VAN PMT Dec25		Category/ Type 001	Transaction ID : SB17.4231	
Candidate Name GORDON CHAFFIN FOR CONGRESS		Memo Item <input type="checkbox"/>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: DC District: 01				

SUBTOTAL of Disbursements This Page (optional).....▶	5092.82
TOTAL 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 30	
	<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)
GORDON CHAFFIN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Meta Platforms, Inc.			Date of Disbursement M M / D D / Y Y Y Y 10 / 15 / 2025	
Mailing Address 1 Meta Way			FEC Identification Number C C00915686	
City Menlo Park	State CA	Zip Code 94025	Amount of Each Disbursement this Period 127.19	
Purpose of Disbursement Google Insta - Meta Verified Oct25		Category/ Type 004	Transaction ID : SB17.4226	
Candidate Name GORDON CHAFFIN FOR CONGRESS		Memo Item <input type="checkbox"/>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: DC District: 01				

Full Name (Last, First, Middle Initial) B. Meta Platforms, Inc.			Date of Disbursement M M / D D / Y Y Y Y 11 / 17 / 2025	
Mailing Address 1 Meta Way			FEC Identification Number C C00915686	
City Menlo Park	State CA	Zip Code 94025	Amount of Each Disbursement this Period 127.19	
Purpose of Disbursement Google Insta - Meta Verified Nov25		Category/ Type 004	Transaction ID : SB17.4225	
Candidate Name GORDON CHAFFIN FOR CONGRESS		Memo Item <input type="checkbox"/>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: DC District: 01				

Full Name (Last, First, Middle Initial) C. Meta Platforms, Inc.			Date of Disbursement M M / D D / Y Y Y Y 12 / 15 / 2025	
Mailing Address 1 Meta Way			FEC Identification Number C C00915686	
City Menlo Park	State CA	Zip Code 94025	Amount of Each Disbursement this Period 127.19	
Purpose of Disbursement Google Insta - Meta Verified Dec25		Category/ Type 004	Transaction ID : SB17.4224	
Candidate Name GORDON CHAFFIN FOR CONGRESS		Memo Item <input type="checkbox"/>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: DC District: 01				

SUBTOTAL of Disbursements This Page (optional).....▶	381.57
TOTAL 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 30	
	<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)
GORDON CHAFFIN FOR CONGRESS

Full Name (Last, First, Middle Initial)		Date of Disbursement
A. Squarespace		M M / D D / Y Y Y Y 10 / 06 / 2025
Mailing Address 225 Varick Street 12th Floor		FEC Identification Number
City New York	State NY	Zip Code 10014
Purpose of Disbursement Squarespace Annual Pro Plan Fee - 2025		004
Candidate Name GORDON CHAFFIN FOR CONGRESS		Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period 219.42
State: DC District: 01		Transaction ID : SB17.4232
		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial)		Date of Disbursement
B. VistaPrint		M M / D D / Y Y Y Y 10 / 28 / 2025
Mailing Address 275 Wyman St		FEC Identification Number
City Waltham	State MA	Zip Code 02451
Purpose of Disbursement Sticker Singles v1.0 x200		004
Candidate Name GORDON CHAFFIN FOR CONGRESS		Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period 62.10
State: DC District: 01		Transaction ID : SB17.4233
		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial)		Date of Disbursement
C. VistaPrint		M M / D D / Y Y Y Y 11 / 10 / 2025
Mailing Address 275 Wyman St		FEC Identification Number
City Waltham	State MA	Zip Code 02451
Purpose of Disbursement Additional LS Blue Shirts + New Vest		004
Candidate Name GORDON CHAFFIN FOR CONGRESS		Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period 398.90
State: DC District: 01		Transaction ID : SB17.4234
		<input type="checkbox"/> Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	680.42
TOTAL 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 10 OF 30	
	<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)
GORDON CHAFFIN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. VistaPrint			Date of Disbursement M M / D D / Y Y Y Y 11 / 10 / 2025	
Mailing Address 275 Wyman St			FEC Identification Number C C00915686	
City Waltham	State MA	Zip Code 02451	Amount of Each Disbursement this Period 153.47	
Purpose of Disbursement Sticker Singles v2.0 x200		Category/ Type 004	Transaction ID : SB17.4235	
Candidate Name GORDON CHAFFIN FOR CONGRESS		Memo Item <input type="checkbox"/>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: DC District: 01				

Full Name (Last, First, Middle Initial) B.			Date of Disbursement M M / D D / Y Y Y Y	
Mailing Address			FEC Identification Number C	
City	State	Zip Code	Amount of Each Disbursement this Period	
Purpose of Disbursement		Category/ Type	Memo Item <input type="checkbox"/>	
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:				

Full Name (Last, First, Middle Initial) C.			Date of Disbursement M M / D D / Y Y Y Y	
Mailing Address			FEC Identification Number C	
City	State	Zip Code	Amount of Each Disbursement this Period	
Purpose of Disbursement		Category/ Type	Memo Item <input type="checkbox"/>	
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:				

SUBTOTAL of Disbursements This Page (optional).....▶	153.47
TOTAL This Period (last page this line number only).....▶	6308.28

SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **GORDON CHAFFIN FOR CONGRESS** Transaction ID : **SC/10.4155**

LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item CHAFFIN, GORDON, , ,		Election: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 680 RHODE ISLAND AVENUE NE APT 363B		<input checked="" type="checkbox"/> Personal Funds of the Candidate
City WASHINGTON	State DC	

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

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 07 / 12 / 2025	M M / D D / Y Y Y Y 12/31/2026	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

SUBTOTALS This Period This Page (optional).....▶	498.00
TOTALS This Period (last page in this line only).....▶	<input type="text"/>

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

SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **Transaction ID : SC/10.4156**
GORDON CHAFFIN FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item		Election: 2026
CHAFFIN, GORDON, , ,		<input checked="" type="checkbox"/> Primary
Mailing Address 680 RHODE ISLAND AVENUE NE APT 363B		<input type="checkbox"/> General
City		<input type="checkbox"/> Other (specify) ▼
State	ZIP Code	<input checked="" type="checkbox"/> Personal Funds of the Candidate
WASHINGTON	DC 20002	

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

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 07 / 15 / 2025	M M / D D / Y Y Y Y 12/31/2026	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

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.

SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **Transaction ID : SC/10.4157**
GORDON CHAFFIN FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item		Election: 2026
CHAFFIN, GORDON, , ,		<input checked="" type="checkbox"/> Primary
Mailing Address 680 RHODE ISLAND AVENUE NE APT 363B		<input type="checkbox"/> General
City		<input type="checkbox"/> Other (specify) ▼
State	ZIP Code	<input checked="" type="checkbox"/> Personal Funds of the Candidate
WASHINGTON	DC 20002	

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

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	07 / 15 / 2025	12/31/2026	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

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.

SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **Transaction ID : SC/10.4158**
GORDON CHAFFIN FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item		Election: 2026
CHAFFIN, GORDON, , ,		<input checked="" type="checkbox"/> Primary
Mailing Address 680 RHODE ISLAND AVENUE NE APT 363B		<input type="checkbox"/> General
City		<input type="checkbox"/> Other (specify) ▼
State	ZIP Code	<input checked="" type="checkbox"/> Personal Funds of the Candidate
WASHINGTON	DC 20002	

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

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	07 / 15 / 2025	12/31/2026	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City	Amount Guaranteed Outstanding: <input type="text"/>
State	
ZIP Code	
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City	Amount Guaranteed Outstanding: <input type="text"/>
State	
ZIP Code	
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City	Amount Guaranteed Outstanding: <input type="text"/>
State	
ZIP Code	
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City	Amount Guaranteed Outstanding: <input type="text"/>
State	
ZIP Code	

SUBTOTALS This Period This Page (optional).....▶	15.90
TOTALS This Period (last page in this line only).....▶	<input type="text"/>

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

SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **GORDON CHAFFIN FOR CONGRESS** Transaction ID : **SC/10.4159**

LOAN SOURCE Full Name (Last, First, Middle Initial)		<input type="checkbox"/> Memo Item	Election: 2026
CHAFFIN, GORDON, , ,			<input checked="" type="checkbox"/> Primary
Mailing Address			<input type="checkbox"/> General
680 RHODE ISLAND AVENUE NE			<input type="checkbox"/> Other (specify) ▼
APT 363B			
City	State	ZIP Code	<input checked="" type="checkbox"/> Personal Funds of the Candidate
WASHINGTON	DC	20002	

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

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	07 / 16 / 2025	12/31/2026	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional).....▶	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.

SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **Transaction ID : SC/10.4160**
GORDON CHAFFIN FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item		Election: 2026
CHAFFIN, GORDON, , ,		<input checked="" type="checkbox"/> Primary
Mailing Address 680 RHODE ISLAND AVENUE NE APT 363B		<input type="checkbox"/> General
City		<input type="checkbox"/> Other (specify) ▼
State	ZIP Code	<input checked="" type="checkbox"/> Personal Funds of the Candidate
WASHINGTON	DC 20002	

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

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	07 / 21 / 2025	12/31/2026	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City	Amount Guaranteed Outstanding: <input type="text"/>
State	
ZIP Code	
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City	Amount Guaranteed Outstanding: <input type="text"/>
State	
ZIP Code	
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City	Amount Guaranteed Outstanding: <input type="text"/>
State	
ZIP Code	
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City	Amount Guaranteed Outstanding: <input type="text"/>
State	
ZIP Code	

SUBTOTALS This Period This Page (optional).....▶	<input type="text" value="350.00"/>
TOTALS This Period (last page in this line only).....▶	<input type="text"/>

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

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **GORDON CHAFFIN FOR CONGRESS** Transaction ID : **SC/10.4161**

LOAN SOURCE Full Name (Last, First, Middle Initial)		<input type="checkbox"/> Memo Item	Election: 2026
CHAFFIN, GORDON, , ,			<input checked="" type="checkbox"/> Primary
Mailing Address			<input type="checkbox"/> General
680 RHODE ISLAND AVENUE NE			<input type="checkbox"/> Other (specify) ▼
APT 363B			
City	State	ZIP Code	<input checked="" type="checkbox"/> Personal Funds of the Candidate
WASHINGTON	DC	20002	

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

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y	M M / D D / Y Y Y Y	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	08 / 04 / 2025	12/31/2026		

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

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

SUBTOTALS This Period This Page (optional).....▶	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.

SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **Transaction ID : SC/10.4192**
GORDON CHAFFIN FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item		Election: 2026
CHAFFIN, GORDON, , ,		<input checked="" type="checkbox"/> Primary
Mailing Address 680 RHODE ISLAND AVENUE NE APT 363B		<input type="checkbox"/> General
City		<input type="checkbox"/> Other (specify) ▼
State	ZIP Code	<input checked="" type="checkbox"/> Personal Funds of the Candidate
WASHINGTON	DC 20002	

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

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 08 / 05 / 2025	M M / D D / Y Y Y Y 12/31/2026	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City	Amount Guaranteed Outstanding: <input type="text"/>
State	
ZIP Code	
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City	Amount Guaranteed Outstanding: <input type="text"/>
State	
ZIP Code	
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City	Amount Guaranteed Outstanding: <input type="text"/>
State	
ZIP Code	
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City	Amount Guaranteed Outstanding: <input type="text"/>
State	
ZIP Code	

SUBTOTALS This Period This Page (optional).....▶	<input type="text" value="340.00"/>
TOTALS This Period (last page in this line only).....▶	<input type="text"/>

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

SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **Transaction ID : SC/10.4162**
GORDON CHAFFIN FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item		Election: 2026
CHAFFIN, GORDON, , ,		<input checked="" type="checkbox"/> Primary
Mailing Address 680 RHODE ISLAND AVENUE NE APT 363B		<input type="checkbox"/> General
City		<input type="checkbox"/> Other (specify) ▼
State	ZIP Code	<input checked="" type="checkbox"/> Personal Funds of the Candidate
WASHINGTON	DC 20002	

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

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 08 / 07 / 2025	M M / D D / Y Y Y Y 12/31/2026	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City	Amount Guaranteed Outstanding: <input type="text"/>
State	
ZIP Code	
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City	Amount Guaranteed Outstanding: <input type="text"/>
State	
ZIP Code	
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City	Amount Guaranteed Outstanding: <input type="text"/>
State	
ZIP Code	
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City	Amount Guaranteed Outstanding: <input type="text"/>
State	
ZIP Code	

SUBTOTALS This Period This Page (optional).....▶	<input type="text" value="150.00"/>
TOTALS This Period (last page in this line only).....▶	<input type="text"/>

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

SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **Transaction ID : SC/10.4163**
GORDON CHAFFIN FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item		Election: 2026
CHAFFIN, GORDON, , ,		<input checked="" type="checkbox"/> Primary
Mailing Address 680 RHODE ISLAND AVENUE NE APT 363B		<input type="checkbox"/> General
City		<input type="checkbox"/> Other (specify) ▼
State	ZIP Code	<input checked="" type="checkbox"/> Personal Funds of the Candidate
WASHINGTON	DC 20002	

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

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	08 / 12 / 2025	12/31/2026	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City	Amount Guaranteed Outstanding: <input type="text"/>
State	ZIP Code
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City	Amount Guaranteed Outstanding: <input type="text"/>
State	ZIP Code
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City	Amount Guaranteed Outstanding: <input type="text"/>
State	ZIP Code
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City	Amount Guaranteed Outstanding: <input type="text"/>
State	ZIP Code

SUBTOTALS This Period This Page (optional).....▶	<input type="text" value="100.00"/>
TOTALS This Period (last page in this line only).....▶	<input type="text"/>

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

SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **Transaction ID : SC/10.4164**
GORDON CHAFFIN FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item		Election: 2026
CHAFFIN, GORDON, , ,		<input checked="" type="checkbox"/> Primary
Mailing Address 680 RHODE ISLAND AVENUE NE APT 363B		<input type="checkbox"/> General
City		<input type="checkbox"/> Other (specify) ▼
State	ZIP Code	<input checked="" type="checkbox"/> Personal Funds of the Candidate
WASHINGTON	DC 20002	

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

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 08 / 18 / 2025	M M / D D / Y Y Y Y 12/31/2026	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional).....▶	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.

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **GORDON CHAFFIN FOR CONGRESS** Transaction ID : **SC/10.4165**

LOAN SOURCE Full Name (Last, First, Middle Initial)		<input type="checkbox"/> Memo Item	Election: 2026
CHAFFIN, GORDON, , ,			<input checked="" type="checkbox"/> Primary
Mailing Address			<input type="checkbox"/> General
680 RHODE ISLAND AVENUE NE			<input type="checkbox"/> Other (specify) ▼
APT 363B			
City	State	ZIP Code	<input checked="" type="checkbox"/> Personal Funds of the Candidate
WASHINGTON	DC	20002	

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

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y	M M / D D / Y Y Y Y	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	08 / 18 / 2025	12/31/2026		

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

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

SUBTOTALS This Period This Page (optional).....▶	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.	

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **GORDON CHAFFIN FOR CONGRESS** Transaction ID : **SC/10.4166**

LOAN SOURCE Full Name (Last, First, Middle Initial)		<input type="checkbox"/> Memo Item	Election: 2026
CHAFFIN, GORDON, , ,			<input checked="" type="checkbox"/> Primary
Mailing Address			<input type="checkbox"/> General
680 RHODE ISLAND AVENUE NE			<input type="checkbox"/> Other (specify) ▼
APT 363B			
City	State	ZIP Code	<input checked="" type="checkbox"/> Personal Funds of the Candidate
WASHINGTON	DC	20002	

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

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y	M M / D D / Y Y Y Y	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	09 / 02 / 2025	12/31/2026		

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

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

SUBTOTALS This Period This Page (optional).....▶	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.

SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **Transaction ID : SC/10.4168**
GORDON CHAFFIN FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item		Election: 2026
CHAFFIN, GORDON, , ,		<input checked="" type="checkbox"/> Primary
Mailing Address 680 RHODE ISLAND AVENUE NE APT 363B		<input type="checkbox"/> General
City		<input type="checkbox"/> Other (specify) ▼
State	ZIP Code	<input checked="" type="checkbox"/> Personal Funds of the Candidate
WASHINGTON	DC 20002	

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

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	09 / 15 / 2025	12/31/2026	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

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.

SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **Transaction ID : SC/10.4169**
GORDON CHAFFIN FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item		Election: 2026
CHAFFIN, GORDON, , ,		<input checked="" type="checkbox"/> Primary
Mailing Address 680 RHODE ISLAND AVENUE NE APT 363B		<input type="checkbox"/> General
City		<input type="checkbox"/> Other (specify) ▼
State	ZIP Code	<input checked="" type="checkbox"/> Personal Funds of the Candidate
WASHINGTON	DC 20002	

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

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	09 / 29 / 2025	12/31/2026	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

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.

SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **Transaction ID : SC/10.4170**
GORDON CHAFFIN FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item		Election: 2026
CHAFFIN, GORDON, , ,		<input checked="" type="checkbox"/> Primary
Mailing Address 680 RHODE ISLAND AVENUE NE APT 363B		<input type="checkbox"/> General
City		<input type="checkbox"/> Other (specify) ▼
State	ZIP Code	<input checked="" type="checkbox"/> Personal Funds of the Candidate
WASHINGTON	DC 20002	

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

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 10 / 01 / 2025	M M / D D / Y Y Y Y 12/31/2025	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

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.

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) Transaction ID : SC/10.4219
GORDON CHAFFIN FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item CHAFFIN, GORDON, , ,		Election: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 680 RHODE ISLAND AVENUE NE APT 363B		
City WASHINGTON	State DC	ZIP Code 20002
		<input checked="" type="checkbox"/> 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	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 10 / 15 / 2025	M M / D D / Y Y Y Y 12/31/2026	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

1. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding: <input style="width: 150px;" type="text"/>
2. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding: <input style="width: 150px;" type="text"/>
3. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding: <input style="width: 150px;" type="text"/>
4. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding: <input style="width: 150px;" type="text"/>

SUBTOTALS This Period This Page (optional).....▶	<input style="width: 150px;" type="text" value="650.00"/>
TOTALS This Period (last page in this line only)▶	<input style="width: 150px;" type="text"/>

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

SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **GORDON CHAFFIN FOR CONGRESS** Transaction ID : **SC/10.4221**

LOAN SOURCE Full Name (Last, First, Middle Initial)		<input type="checkbox"/> Memo Item	Election: 2026
CHAFFIN, GORDON, , ,			<input checked="" type="checkbox"/> Primary
Mailing Address			<input type="checkbox"/> General
680 RHODE ISLAND AVENUE NE			<input type="checkbox"/> Other (specify) ▼
APT 363B			
City	State	ZIP Code	<input checked="" type="checkbox"/> Personal Funds of the Candidate
WASHINGTON	DC	20002	

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

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 10 / 24 / 2025	M M / D D / Y Y Y Y 12/31/2026	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional).....▶	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.

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **GORDON CHAFFIN FOR CONGRESS** Transaction ID : **SC/10.4222**

LOAN SOURCE Full Name (Last, First, Middle Initial)		<input type="checkbox"/> Memo Item	Election: 2025
CHAFFIN, GORDON, , ,			<input checked="" type="checkbox"/> Primary
Mailing Address			<input type="checkbox"/> General
680 RHODE ISLAND AVENUE NE			<input type="checkbox"/> Other (specify) ▼
APT 363B			
City	State	ZIP Code	<input checked="" type="checkbox"/> Personal Funds of the Candidate
WASHINGTON	DC	20002	

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

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 11 / 25 / 2025	M M / D D / Y Y Y Y 12/31/2026	1.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional).....▶	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.

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **GORDON CHAFFIN FOR CONGRESS** Transaction ID : **SC/10.4223**

LOAN SOURCE Full Name (Last, First, Middle Initial)		<input type="checkbox"/> Memo Item	Election: 2026
CHAFFIN, GORDON, , ,			<input checked="" type="checkbox"/> Primary
Mailing Address			<input type="checkbox"/> General
680 RHODE ISLAND AVENUE NE			<input type="checkbox"/> Other (specify) ▼
APT 363B			
City	State	ZIP Code	<input checked="" type="checkbox"/> Personal Funds of the Candidate
WASHINGTON	DC	20002	

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

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 12 / 15 / 2025	M M / D D / Y Y Y Y 12/31/2026	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional).....▶	1900.00
TOTALS This Period (last page in this line only).....▶	16347.54

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