

# FEC FORM 3P

# REPORT OF RECEIPTS AND DISBURSEMENTS

BY AN AUTHORIZED COMMITTEE OF A CANDIDATE FOR THE OFFICE OF PRESIDENT OR VICE PRESIDENT

Office Use Only

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

Example: If typing, type over the lines. 12FE4M5

CHRIS CHRISTIE FOR PRESIDENT INC

ADDRESS (number and street)

PO BOX 225

Check if different than previously reported. (ACC)

COLONIA NJ 07067

CITY

STATE

ZIP CODE

2. FEC IDENTIFICATION NUMBER

C C00580399

3. TYPE OF REPORT (Choose One)

Check here if this is a Termination Report (TER)

Quarterly Reports:

Monthly Reports:

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

12-Day Pre-Election Report for the Election on  /  /  in the State of

30-Day Post-Election Report for the General Election on  /  /

4. IS THIS REPORT AN AMENDMENT?

yes  no

5. COVERING PERIOD

/  /  THROUGH  /  /

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Gravino, Ronald, R, ,

Signature of Treasurer Gravino, Ronald, R, , [Electronically Filed] Date 10 / 14 / 2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. §30109. All previous versions of this form are obsolete and should no longer be used.

Office Use Only

Write or Type Committee Name

# CHRIS CHRISTIE FOR PRESIDENT INC

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

## SUMMARY

6. CASH ON HAND AT BEGINNING OF REPORTING PERIOD .....	<input type="text" value="39268.20"/>
7. TOTAL RECEIPTS THIS PERIOD (From Line 22, Column A, Page 3) .....	<input type="text" value="4000.97"/>
8. SUBTOTAL (Lines 6 and 7) .....	<input type="text" value="43269.17"/>
9. TOTAL DISBURSEMENTS THIS PERIOD (From Line 30, Column A, Page 4) .....	<input type="text" value="12419.56"/>
10. CASH ON HAND AT CLOSE OF THE REPORTING PERIOD (Subtract Line 9 from 8).....	<input type="text" value="30849.61"/>
11. DEBTS AND OBLIGATIONS OWED TO THE COMMITTEE (Itemize All on Schedule C-P or Schedule D-P).....	<input type="text" value="0.00"/>
12. DEBTS AND OBLIGATIONS OWED BY THE COMMITTEE (Itemize All on Schedule C-P or Schedule D-P).....	<input type="text" value="170505.47"/>
13. EXPENDITURES SUBJECT TO LIMITATION (Use the worksheet on Page 8 to calculate this amount.).....	<input type="text" value="0.00"/>

## NET ELECTION CYCLE-TO-DATE CONTRIBUTIONS AND EXPENDITURES

14. NET CONTRIBUTIONS (Other than Loans) (Subtract Line 28d, Column B on Page 4 from 17e, Column B on Page 3).....	<input type="text" value="8433749.64"/>
15. NET OPERATING EXPENDITURES (Subtract Line 20a, Column B on Page 3 from 23, Column B on Page 4).....	<input type="text" value="8402800.03"/>

**DETAILED SUMMARY PAGE**

FEC Form 3P (Rev. 05/2016)

of Receipts

NAME OF COMMITTEE (in Full)

**CHRIS CHRISTIE FOR PRESIDENT INC**

Report Covering the Period: From:

MM / DD / YYYY  
07 / 01 / 2016

To:

MM / DD / YYYY  
09 / 30 / 2016

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
16. FEDERAL FUNDS (Itemize on Schedule A-P) .....	0.00	0.00
17. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) itemized .....	500.00	7964476.81
(ii) unitemized .....	100.00	468752.02
(iii) Total contributions .....	600.00	8433228.83
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees .....	0.00	115738.02
(d) The Candidate .....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (Add 17(a), 17(b), 17(c) and 17(d)) .....	600.00	8548966.85
18. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
19. LOANS RECEIVED:		
(a) Loans Received From or Guaranteed by Candidate .....	0.00	0.00
(b) Other Loans .....	0.00	0.00
(c) TOTAL LOANS (Add 19(a) and 19(b)) .....	0.00	0.00
20. OFFSETS TO EXPENDITURES (Refunds, Rebates, etc.):		
(a) Operating .....	3400.97	196619.91
(b) Fundraising .....	0.00	0.00
(c) Legal and Accounting .....	0.00	0.00
(d) TOTAL OFFSETS TO EXPENDITURES (Add 20(a), 20(b) and 20(c)) .....	3400.97	196619.91
21. OTHER RECEIPTS (Dividends, Interest, etc.) .....	0.00	0.00
22. TOTAL RECEIPTS (Add 16, 17(e), 18, 19(c), 20(d) and 21) .....	4000.97	8745586.76

**DETAILED SUMMARY PAGE**

FEC Form 3P (Rev. 05/2016)

of Disbursements and Contributed Items

NAME OF COMMITTEE (in Full)

**CHRIS CHRISTIE FOR PRESIDENT INC**

Report Covering the Period: From:

07 / 01 / 2016

To:

09 / 30 / 2016

**II. DISBURSEMENTS**

**COLUMN A  
Total This Period**

**COLUMN B  
Election Cycle-to-Date**

23. OPERATING EXPENDITURES.....	12419.56	8599419.94
24. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
25. FUNDRAISING DISBURSEMENTS .....	0.00	0.00
26. EXEMPT LEGAL AND ACCOUNTING DISBURSEMENTS.....	0.00	0.00
27. LOAN REPAYMENTS MADE:		
(a) Repayments of Loans made or Guaranteed by Candidate.....	0.00	0.00
(b) Other Repayments .....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS MADE (Add 27(a) and 27(b)) .....	0.00	0.00
28. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees.....	0.00	115217.21
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees .....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (Add 28(a), 28(b) and 28(c)) .....	0.00	115217.21
29. OTHER DISBURSEMENTS .....	0.00	100.00
30. TOTAL DISBURSEMENTS (Add 23, 24, 25, 26, 27(c), 28(d) and 29) .....	12419.56	8714737.15

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

31. ITEMS ON HAND TO BE LIQUIDATED (Attach List) .....	0.00	
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FEC Form 3P (Rev. 05/2016)  
Federal Election Commission  
999 E Street, N.W.  
Washington, D.C. 20463

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

1. NAME OF COMMITTEE (in full, type or print) 2. FEC IDENTIFICATION NUMBER **C** C00580399  
**CHRIS CHRISTIE FOR PRESIDENT INC**

ADDRESS (number and street) PO BOX 225

COLONIA NJ 07067  
CITY STATE ZIP CODE

3. NAME OF CANDIDATE

**ALLOCATION BY STATE**

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

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

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

# SCHEDULE A-P ITEMIZED RECEIPTS

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

FOR LINE NUMBER:  
(check only one)

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

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

NAME OF COMMITTEE (In Full)  
**CHRIS CHRISTIE FOR PRESIDENT INC**

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

**SANDLER, ADAM, , ,**

Mailing Address PO BOX 306

City

ASHLAND

State

OR

Zip Code

97520

FEC ID number of contributing federal political committee.

C

Name of Employer

ADAM SANDLER

Occupation

BUSKER

Receipt For: 2016

Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Transaction ID : SA17A.4758

Date of Receipt

MM / DD / YYYY  
07 / 21 / 2016

CONTRIBUTION

Amount of Each Receipt this Period

500.00

Memo Item

**B.** 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

MM / DD / YYYY

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

City

State

Zip Code

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For:

Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

MM / DD / YYYY

Amount of Each Receipt this Period

Memo Item

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

500.00

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

500.00

# SCHEDULE A-P ITEMIZED RECEIPTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**CHRIS CHRISTIE FOR PRESIDENT INC**

**A.** Full Name (Last, First, Middle Initial)  
**VERIZON WIRELESS**

Mailing Address 180 WASHINGTON VALLEY RD

City BEDMINSTER TOWNSHI	State NJ	Zip Code 07921
----------------------------	-------------	-------------------

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

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
3313.13

Transaction ID : SA20A.4728

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 22 / 2016

Phone Service Refund

Amount of Each Receipt this Period  
3313.13

Memo Item

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

Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

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

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

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

Amount of Each Receipt this Period

Memo Item

Subtotal Of Receipts This Page (optional).....▶ 3313.13

Total This Period (last page this line number only).....▶ 3313.13

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**CHRIS CHRISTIE FOR PRESIDENT INC**

Full Name (Last, First, Middle Initial) <b>A. AMERICAN EXPRESS</b>			Date of Disbursement M M / D D / Y Y Y Y 07 / 20 / 2016		
Mailing Address PO BOX 1270			FEC Identification Number C		
City NEWARK	State NJ	Zip Code 07101	Transaction ID : <b>SB23.4740</b>		
Purpose of Disbursement Credit Card		Category/ Type 101	Amount of Each Disbursement this Period 238.61		
Candidate Name		Memo Item <input type="checkbox"/>			
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 07 / 20 / 2016		
Mailing Address PO BOX 1270			FEC Identification Number C		
City NEWARK	State NJ	Zip Code 07101	Transaction ID : <b>SB23.4740.0</b>		
Purpose of Disbursement Membership		Category/ Type 101	Amount of Each Disbursement this Period 95.00		
Candidate Name		Memo Item <input checked="" type="checkbox"/>			
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 08 / 16 / 2016		
Mailing Address PO BOX 1270			FEC Identification Number C		
City NEWARK	State NJ	Zip Code 07101	Transaction ID : <b>SB23.4746</b>		
Purpose of Disbursement Credit Card		Category/ Type 101	Amount of Each Disbursement this Period 461.85		
Candidate Name		Memo Item <input type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State:	District:				

Subtotal Of Receipts This Page (optional)..... 700.46

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

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**CHRIS CHRISTIE FOR PRESIDENT INC**

Full Name (Last, First, Middle Initial) <b>A. INTUIT QUICKBOOKS</b>			Date of Disbursement M M / D D / Y Y Y Y 08 / 16 / 2016		
Mailing Address 2700 COAST AVE			FEC Identification Number C		
City MOUNTAIN VIEW	State CA	Zip Code 94043	Transaction ID : <b>SB23.4746.0</b>		
Purpose of Disbursement Software		Category/ Type 101		Amount of Each Disbursement this Period 461.85	
Candidate Name		Memo Item <input checked="" type="checkbox"/>			
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 08 / 17 / 2016		
Mailing Address PO BOX 1270			FEC Identification Number C		
City NEWARK	State NJ	Zip Code 07101	Transaction ID : <b>SB23.4748</b>		
Purpose of Disbursement Credit Card		Category/ Type 101		Amount of Each Disbursement this Period 374.93	
Candidate Name		Memo Item <input type="checkbox"/>			
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. WESTIN CLEVELAND</b>			Date of Disbursement M M / D D / Y Y Y Y 08 / 17 / 2016		
Mailing Address 777 ST CLAIR AVE NE			FEC Identification Number C		
City CLEVELAND	State OH	Zip Code 44114	Transaction ID : <b>SB23.4748.0</b>		
Purpose of Disbursement Travel		Category/ Type 101		Amount of Each Disbursement this Period 374.93	
Candidate Name		Memo Item <input checked="" type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State:	District:				

Subtotal Of Receipts This Page (optional)..... 374.93

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

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**CHRIS CHRISTIE FOR PRESIDENT INC**

Full Name (Last, First, Middle Initial) <b>A. AMERIHEALTH</b>			Date of Disbursement M M / D D / Y Y Y Y 07 / 19 / 2016		
Mailing Address 259 PROSPECT PLAINS RD BLDG M			FEC Identification Number C		
City CRANBURY	State NJ	Zip Code 08512	Transaction ID : <b>SB23.4743</b> Amount of Each Disbursement this Period 52.92		
Purpose of Disbursement Insurance		Category/ Type 101	Memo Item <input type="checkbox"/>		
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. CORCORAN, BRIAN, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 07 / 12 / 2016		
Mailing Address PO BOX 225			FEC Identification Number C		
City COLONIA	State NJ	Zip Code 07067	Transaction ID : <b>SB23.4736</b> Amount of Each Disbursement this Period 350.00		
Purpose of Disbursement Office Maintenance		Category/ Type 101	Memo Item <input type="checkbox"/>		
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. LOUIS P MOGLIA &amp; SONS</b>			Date of Disbursement M M / D D / Y Y Y Y 07 / 06 / 2016		
Mailing Address 92 W MAIN ST			FEC Identification Number C		
City MENDHAM	State NJ	Zip Code 07945	Transaction ID : <b>SB23.4734</b> Amount of Each Disbursement this Period 5000.00		
Purpose of Disbursement Rent		Category/ Type 101	Memo Item <input type="checkbox"/>		
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:					

Subtotal Of Receipts This Page (optional)..... 5402.92

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

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**CHRIS CHRISTIE FOR PRESIDENT INC**

Full Name (Last, First, Middle Initial) <b>A. NJ MANUFACTURERS INSURANCE</b>			Date of Disbursement MM / DD / YYYY 09 / 12 / 2016	
Mailing Address PO BOX 428			FEC Identification Number C	
City WEST TRENTON	State NJ	Zip Code 08628	Transaction ID : <b>SB23.4754</b>	
Purpose of Disbursement Insurance		Category/ Type 101	Amount of Each Disbursement this Period 1537.00	
Candidate Name		Memo Item <input type="checkbox"/>		
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. RONALD GRAVINO CONSULTING</b>			Date of Disbursement MM / DD / YYYY 07 / 01 / 2016	
Mailing Address PO BOX 225			FEC Identification Number C	
City COLONIA	State NJ	Zip Code 07067	Transaction ID : <b>SB23.4725</b>	
Purpose of Disbursement Payroll Service		Category/ Type 101	Amount of Each Disbursement this Period 308.95	
Candidate Name		Memo Item <input type="checkbox"/>		
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. RONALD GRAVINO CONSULTING</b>			Date of Disbursement MM / DD / YYYY 08 / 05 / 2016	
Mailing Address PO BOX 225			FEC Identification Number C	
City COLONIA	State NJ	Zip Code 07067	Transaction ID : <b>SB23.4751</b>	
Purpose of Disbursement Courier		Category/ Type 101	Amount of Each Disbursement this Period 81.31	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State:	District:			

**Subtotal Of Receipts This Page** (optional)..... 1927.26

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

# SCHEDULE B-P ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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 CHRISTIE FOR PRESIDENT INC**

Full Name (Last, First, Middle Initial) <b>A. RONALD GRAVINO CONSULTING</b>			Date of Disbursement MM / DD / YYYY 08 / 29 / 2016	
Mailing Address PO BOX 225			FEC Identification Number C	
City COLONIA	State NJ	Zip Code 07067	Transaction ID : <b>SB23.4753</b>	
Purpose of Disbursement Courier		Category/ Type 101	Amount of Each Disbursement this Period 36.56	
Candidate Name		Memo Item <input type="checkbox"/>		
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. THS MULTIMEDIA LLC</b>			Date of Disbursement MM / DD / YYYY 08 / 25 / 2016	
Mailing Address 500 S 31ST ST UNIT 3			FEC Identification Number C	
City KENILWORTH	State NJ	Zip Code 07033	Transaction ID : <b>SB23.4752</b>	
Purpose of Disbursement Equipment Rental		Category/ Type 101	Amount of Each Disbursement this Period 850.75	
Candidate Name		Memo Item <input type="checkbox"/>		
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. UPSTREAM COMMUNICATIONS</b>			Date of Disbursement MM / DD / YYYY 09 / 30 / 2016	
Mailing Address 1609 SHOAL CREEK BLVD STE 203			FEC Identification Number C	
City AUSTIN	State TX	Zip Code 78701	Transaction ID : <b>SB23.4760</b>	
Purpose of Disbursement Website		Category/ Type 101	Amount of Each Disbursement this Period 2635.37	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Subtotal Of Receipts This Page (optional)..... 3522.68

Total This Period (last page this line number only)..... 11928.25

**SCHEDULE D-P**  
**DEBTS AND OBLIGATIONS (Excluding Loans)**

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER:  11  
 12

NAME OF COMMITTEE (In Full)  
**CHRIS CHRISTIE FOR PRESIDENT INC**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**EXECUTIVE JET MANAGEMENT INC**

Nature of Debt (Purpose):  
 Travel

Mailing Address **PO BOX 785016**

City  
**PHILADELPHIA**

State  
**PA**

Zip Code  
**19178**

Outstanding Balance Beginning This Period

Transaction ID : **SD12.4714**

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**Gibbons PC**

Nature of Debt (Purpose):  
 LEGAL SERVICES

Mailing Address **PO Box 5177**

City  
**New York**

State  
**NY**

Zip Code  
**10087**

Outstanding Balance Beginning This Period

Transaction ID : **SD12.4715**

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**MAMMOTH MARKETING GROUP**

Nature of Debt (Purpose):  
 POLITICAL EVENT TURNOUT

Mailing Address **905 NUECES ST**

City  
**AUSTIN**

State  
**TX**

Zip Code  
**78701**

Outstanding Balance Beginning This Period

Transaction ID : **SD12.4718**

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

- 1) **SUBTOTALS** This Period This Page (optional) .....
- 2) **TOTALS** This Period (last page this line number only) .....
- 3) **TOTAL OUTSTANDING LOANS** from Schedule C-P (last page only) .....
- 4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) .....

**SCHEDULE D-P**  
**DEBTS AND OBLIGATIONS (Excluding Loans)**

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER:  11  
 12

NAME OF COMMITTEE (In Full)  
**CHRIS CHRISTIE FOR PRESIDENT INC**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**NATIONAL RESEARCH INC**

Nature of Debt (Purpose):  
 RESEARCH

Mailing Address 146 NJ-34  
 STE 250

City State Zip Code  
 HOLMDEL NJ 07733

Outstanding Balance Beginning This Period

12500.00

Transaction ID : SD12.4719

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

12500.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**NetJets/ Bruce Rastetter**

Nature of Debt (Purpose):  
 TRAVEL

Mailing Address 10640 Country Hwy D20

City State Zip Code  
 Alden ID 50006

Outstanding Balance Beginning This Period

12276.00

Transaction ID : SD12.4720

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

12276.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**RED OCTOBER PRODUCTIONS INC**

Nature of Debt (Purpose):  
 MEDIA PRODUCTION

Mailing Address 1851 MCGUCKIAN ST

City State Zip Code  
 ANNAPOLIS MD 21401

Outstanding Balance Beginning This Period

8870.09

Transaction ID : SD12.4722

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

8870.09

- 1) **SUBTOTALS** This Period This Page (optional) .....
- 2) **TOTALS** This Period (last page this line number only) .....
- 3) **TOTAL OUTSTANDING LOANS** from Schedule C-P (last page only) .....
- 4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) .....

**SCHEDULE D-P**  
**DEBTS AND OBLIGATIONS (Excluding Loans)**

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER:  11  
 12

NAME OF COMMITTEE (In Full)  
**CHRIS CHRISTIE FOR PRESIDENT INC**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**TARGET POINT CONSULTING INC**

Nature of Debt (Purpose):  
 Political Data

Mailing Address **66 CANAL CENTER PLAZA**  
**NO 555**

City **ALEXANDRIA** State **VA** Zip Code **22314**

Outstanding Balance Beginning This Period

Transaction ID : **SD12.4723**

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City State Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City State Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	▶	<input type="text" value="10000.00"/>
2) <b>TOTALS</b> This Period (last page this line number only) .....	▶	<input type="text" value="170505.47"/>
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C-P (last page only) .....	▶	<input type="text" value="0.00"/>
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) .....	▶	<input type="text" value="170505.47"/>

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

Form/Schedule: SD12

Transaction ID : SD12.4723

Final Settlement. Payment made prior to debt settlement approval per vendor terms. The committee has reached agreement with the following vendors: National Research Inc, Target Point Consulting Inc, NetJets/Bruce Rastetter, Red October Productions Inc, Executive Jet Managements Inc, & Mammoth Marketing Group. The Committee is waiting for final approval from the FEC Office of General Counsel on its Debt Settlement Plan. Once Received, all debt listed above will be removed from all future reporting.

Form/Schedule:

Transaction ID: