

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

Kasich for America, Inc.

ADDRESS (number and street)

Post Office Box 1344

Check if different than previously reported. (ACC)

Columbus

CITY

OH

STATE

43216

ZIP CODE

2. FEC IDENTIFICATION NUMBER

C

C00581876

3. THIS REPORT IS FOR Primary

or General

4. TYPE OF REPORT (Choose One)

Check here if this is a Termination Report (TER)

Quarterly Reports:

Monthly Reports:

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

Thirtieth day report following the General Election

on MM/DD/YYYY

Twelfth day report preceding election

on MM/DD/YYYY in the State of

Is this Report an Amendment?

yes

no

5. Covering Period

MM/DD/YYYY 06/01/2016

through

MM/DD/YYYY 06/30/2016

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

Suzanne Marshall

Signature of Treasurer

Suzanne Marshall

[Electronically Filed]

Date

MM/DD/YYYY 07/18/2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g. All previous versions of this form are obsolete and should no longer be used.

Office Use Only

Write or Type Committee Name

Kasich for America, Inc.

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

SUMMARY

| | |
|---|--|
| 6. CASH ON HAND AT BEGINNING OF REPORTING PERIOD | <input type="text" value="552352.39"/> |
| 7. TOTAL RECEIPTS THIS PERIOD (From Line 22, Column A, Page 3) | <input type="text" value="59638.32"/> |
| 8. SUBTOTAL (Lines 6 and 7) | <input type="text" value="611990.71"/> |
| 9. TOTAL DISBURSEMENTS THIS PERIOD (From Line 30, Column A, Page 2) | <input type="text" value="501210.20"/> |
| 10. CASH ON HAND AT CLOSE OF THE REPORTING PERIOD (Subtract Line 9 from 8.....) | <input type="text" value="110780.51"/> |
| 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="0.00"/> |
| 13. EXPENDITURES SUBJECT TO LIMITATION | <input type="text" value="18650204.59"/> |

NET ELECTION CYCLE-TO-DATE CONTRIBUTIONS AND EXPENDITURES

| | |
|--|--|
| 14. NET CONTRIBUTIONS (Other than Loans) (Subtract Line 28d, Column B from 17e, Column B, Page 2) | <input type="text" value="18751343.00"/> |
| 15. NET OPERATING EXPENDITURES (Subtract Line 20a, Column B from 23, Column B, Page 2)..... | <input type="text" value="18650204.59"/> |

DETAILED SUMMARY PAGE

FEC Form 3P (Rev. 03/2011)

of Receipts

NAME OF COMMITTEE (in Full)

Kasich for America, Inc.

Report Covering the Period: From:

MM / DD / YYYY
06 / 01 / 2016

To:

MM / DD / YYYY
06 / 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 | 1360.00 | 14769690.45 |
| (ii) unitemized | 110.00 | 4284294.88 |
| (iii) Total contributions | 1470.00 | 19053985.33 |
| (b) Political Party Committees | 0.00 | 0.00 |
| (c) Other Political Committees | 300.00 | 275870.62 |
| (d) The Candidate | 0.00 | 0.00 |
| (e) TOTAL CONTRIBUTIONS (other than loans) (Add 17(a), 17(b), 17(c) and 17(d)) | 1770.00 | 19329855.95 |
| 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 | 47902.32 | 107196.83 |
| (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)) | 47902.32 | 107196.83 |
| 21. OTHER RECEIPTS (Dividends, Interest, etc.) | 9966.00 | 9966.00 |
| 22. TOTAL RECEIPTS (Add 16, 17(e), 18, 19(c), 20(d) and 21) | 59638.32 | 19447018.78 |

DETAILED SUMMARY PAGE

FEC Form 3P (Rev. 03/2011)

of Disbursements and Contributed Items

NAME OF COMMITTEE (in Full)

Kasich for America, Inc.

Report Covering the Period: From:

MM / DD / YYYY
06 / 01 / 2016

To:

MM / DD / YYYY
06 / 30 / 2016

II. DISBURSEMENTS

**COLUMN A
Total This Period**

**COLUMN B
Calendar Year-to-Date**

| | | |
|--|-----------|-------------|
| 23. OPERATING EXPENDITURES..... | 27108.62 | 18757401.42 |
| 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..... | 443701.58 | 541612.95 |
| (b) Political Party Committees..... | 0.00 | 0.00 |
| (c) Other Political Committees | 30400.00 | 36900.00 |
| (d) TOTAL CONTRIBUTION REFUNDS (Add 28(a), 28(b) and 28(c)) | 474101.58 | 578512.95 |
| 29. OTHER DISBURSEMENTS | 0.00 | 0.00 |
| 30. TOTAL DISBURSEMENTS (Add 23, 24, 25, 26, 27(c), 28(d) and 29) | 501210.20 | 19335914.37 |

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

| | | |
|---|------|--|
| 31. ITEMS ON HAND TO BE LIQUIDATED (Attach List) | 0.00 | |
|---|------|--|

FEC FORM 3P,
Federal Election Commission
999 E Street, N.W.
Washington, D.C. 20463

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

Office Use Only

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

2. FEC IDENTIFICATION NUMBER

C C00581876

Kasich for America, Inc.

ADDRESS (number and street) Post Office Box 1344

Columbus OH 43216

CITY

STATE

ZIP CODE

3. NAME OF CANDIDATE

ALLOCATION BY STATE

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

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

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

SCHEDULE A-P ITEMIZED RECEIPTS

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

FOR LINE NUMBER:
(check only one)

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

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

NAME OF COMMITTEE (In Full)
Kasich for America, Inc.

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

Mailing Address 5660 Travis Pointe Ct

| | | |
|-------------|-------|------------|
| City | State | Zip Code |
| Westerville | OH | 43082-7203 |

FEC ID number of contributing federal political committee.

| | |
|------------------|------------|
| Name of Employer | Occupation |
| Retired | Retired |

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : A330FB9415D234931AAB

Date of Receipt

| |
|---------------------|
| M M / D D / Y Y Y Y |
| 06 / 06 / 2016 |

Amount of Each Receipt this Period

| |
|------------------------------------|
| <input type="text" value="60.00"/> |
|------------------------------------|

Memo Item

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

Mailing Address 4855 Tully Rd

| | | |
|------------------|-------|------------|
| City | State | Zip Code |
| Bloomfield Hills | MI | 48302-2373 |

FEC ID number of contributing federal political committee.

| | |
|-----------------------|-----------------------|
| Name of Employer | Occupation |
| Information Requested | Information Requested |

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : A8B0B0242031140C3B82

Date of Receipt

| |
|---------------------|
| M M / D D / Y Y Y Y |
| 06 / 06 / 2016 |

Amount of Each Receipt this Period

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

Memo Item

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

Mailing Address 416 New Meadow Rd

| | | |
|------------|-------|------------|
| City | State | Zip Code |
| Barrington | RI | 02806-2726 |

FEC ID number of contributing federal political committee.

| | |
|-----------------------|-----------------------|
| Name of Employer | Occupation |
| Information Requested | Information Requested |

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : AFA616B106F5C4D509D6

Date of Receipt

| |
|---------------------|
| M M / D D / Y Y Y Y |
| 06 / 06 / 2016 |

Amount of Each Receipt this Period

| |
|--------------------------------------|
| <input type="text" value="1000.00"/> |
|--------------------------------------|

Memo Item

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

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

SCHEDULE A-P ITEMIZED RECEIPTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Kasich for America, Inc.

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

Mailing Address 1316 Grinnell Dr

City Richardson State TX Zip Code 75081-5919

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

Name of Employer Retired Occupation Retired

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
651.00

Transaction ID : AFFDE25CE241B4BBCACA

Date of Receipt

/ /

Amount of Each Receipt this Period

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

/ /

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

/ /

Amount of Each Receipt this Period

Memo Item

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

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

SCHEDULE A-P ITEMIZED RECEIPTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Kasich for America, Inc.

A. Full Name (Last, First, Middle Initial)
Avedisian Campaign Fund

Mailing Address 200 Atlantic Avenue

| | | |
|---------|-------|------------|
| City | State | Zip Code |
| Warwick | RI | 02888-2063 |

FEC ID number of contributing federal political committee.

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : A57D513DB2F794CEF9C1

Date of Receipt

| | | | | | | | | | |
|----|---|---|----|---|---|------|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 06 | | | 06 | | | 2016 | | | |

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

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

FEC ID number of contributing federal political committee.

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.

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).....

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

**SCHEDULE A-P
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:
(check only one)

PAGE 11 / 101

16 17a 17b 17c 17d 18
 19a 19b 20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
Kasich for America, Inc.

| | | | |
|---|--|--|--|
| A. Full Name (Last, First, Middle Initial) Comcast Mailing Address PO Box 3005 City State Zip Code Southeastern PA 19398-3005 | | | Transaction ID : A37393608A551406C871 Date of Receipt M M / D D / Y Y Y Y 06 / 24 / 2016 |
| FEC ID number of contributing federal political committee. C | | | utility refund Amount of Each Receipt this Period 199.00 <input type="checkbox"/> Memo Item |
| Name of Employer Occupation | | | |
| Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |
| Election Cycle-to-Date ▼ 896.30 | | | |

| | | | |
|---|--|--|--|
| B. Full Name (Last, First, Middle Initial) Arena Online Mailing Address 1780 W Sequoia Vista Cir City State Zip Code Salt Lake City UT 84104-5102 | | | Transaction ID : A61AC6C27A0684385B55 Date of Receipt M M / D D / Y Y Y Y 06 / 14 / 2016 |
| FEC ID number of contributing federal political committee. C | | | refund Amount of Each Receipt this Period 11448.89 <input type="checkbox"/> Memo Item |
| Name of Employer Occupation | | | |
| Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |
| Election Cycle-to-Date ▼ 11448.89 | | | |

| | | | |
|--|--|--|---|
| C. Full Name (Last, First, Middle Initial) Strategy Group for Media Mailing Address 7669 Stagers Loop City State Zip Code Delaware OH 43015-7010 | | | Transaction ID : A62F6AE49252A460B989 Date of Receipt M M / D D / Y Y Y Y 06 / 13 / 2016 |
| FEC ID number of contributing federal political committee. C | | | refund of media buy Amount of Each Receipt this Period 34562.33 <input type="checkbox"/> Memo Item |
| Name of Employer Occupation | | | |
| Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |
| Election Cycle-to-Date ▼ 34562.33 | | | |

Subtotal Of Receipts This Page (optional).....▶ 46210.22

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

SCHEDULE A-P ITEMIZED RECEIPTS

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

FOR LINE NUMBER:

(check only one)

| | | | | | |
|------------------------------|------------------------------|---|------------------------------|------------------------------|-----------------------------|
| <input type="checkbox"/> 16 | <input type="checkbox"/> 17a | <input type="checkbox"/> 17b | <input type="checkbox"/> 17c | <input 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)
Kasich for America, Inc.

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

Mailing Address PO Box 3005

| | | |
|--------------|-------|------------|
| City | State | Zip Code |
| Southeastern | PA | 19398-3005 |

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

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
697.30

Transaction ID : AFE05A608DD5640D5B3A

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 | | 2 | 1 | | 2 | 0 | 1 | 6 |

utility refund

Amount of Each Receipt this Period

| | | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|--|--|--|--|--|--|--|--|--|--|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 0 | . | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | |

Memo Item

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

Mailing Address PO Box 3005

| | | |
|--------------|-------|------------|
| City | State | Zip Code |
| Southeastern | PA | 19398-3005 |

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

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
571.50

Transaction ID : A0041870254174E80881

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 | | 0 | 2 | | 2 | 0 | 1 | 6 |

refund of internet/phone

Amount of Each Receipt this Period

| | | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| 5 | 7 | 1 | 5 | 0 | | | | | | | | | | | | | | | | |
|---|---|---|---|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

Memo Item

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

Mailing Address PO Box 3005

| | | |
|--------------|-------|------------|
| City | State | Zip Code |
| Southeastern | PA | 19398-3005 |

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

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1392.47

Transaction ID : A482FD28CA6734DE9AE0

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 | | 2 | 7 | | 2 | 0 | 1 | 6 |

utility refund

Amount of Each Receipt this Period

| | | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| 4 | 9 | 6 | 1 | 7 | | | | | | | | | | | | | | | | |
|---|---|---|---|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

Memo Item

Subtotal Of Receipts This Page (optional).....▶ **1193.47**

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

SCHEDULE A-P ITEMIZED RECEIPTS

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

FOR LINE NUMBER:
(check only one)

| | | | | | |
|------------------------------|------------------------------|---|------------------------------|------------------------------|-----------------------------|
| <input type="checkbox"/> 16 | <input type="checkbox"/> 17a | <input type="checkbox"/> 17b | <input type="checkbox"/> 17c | <input 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)
Kasich for America, Inc.

A. Full Name (Last, First, Middle Initial)
F & W Properties

Mailing Address **854 East Broad Street**

| | | |
|----------|-------|------------|
| City | State | Zip Code |
| Columbus | OH | 43205-1110 |

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

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
480.00

Transaction ID : A7BBDC A562C0C496DBE4

Date of Receipt
MM / DD / YYYY
06 / 07 / 2016

refund of rent

Amount of Each Receipt this Period
480.00

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).....▶ 480.00

Total This Period (last page this line number only).....▶ 47883.69

**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 type="checkbox"/> 20a | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input checked="" type="checkbox"/> 21 |

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NAME OF COMMITTEE (In Full)
Kasich for America, Inc.

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

Mailing Address 117 N Saint Asaph St

City State Zip Code
Alexandria VA 22314-3109

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

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
9966.00

Transaction ID : A390BEDF4466F4F94B48

Date of Receipt
M M / D D / Y Y Y Y
06 / 13 / 2016

proceeds from list rental

Amount of Each Receipt this Period
9966.00

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
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).....▶ 9966.00

Total This Period (last page this line number only).....▶ 9966.00

**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)
Kasich for America, Inc.

| | | |
|--|----------------|--|
| Full Name (Last, First, Middle Initial) A. Aristotle International, Inc. | | Date of Disbursement MM / DD / YYYY 06 / 01 / 2016 |
| Mailing Address 205 Pennsylvania Ave SE | | Transaction ID : BFA3F8C6C0A5F407A800 |
| City Washington | State DC | |
| Purpose of Disbursement software | Candidate Name | Amount of Each Disbursement this Period 3000.00 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| State: District: | | |

| | | |
|--|----------------|--|
| Full Name (Last, First, Middle Initial) B. Suzanne Marshall | | Date of Disbursement MM / DD / YYYY 06 / 01 / 2016 |
| Mailing Address 260 N Cassady Ave | | Transaction ID : BD12EF1B47D894167BA0 |
| City Columbus | State OH | |
| Purpose of Disbursement finance consulting | Candidate Name | Amount of Each Disbursement this Period 3500.00 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| State: District: | | |

| | | |
|--|----------------|--|
| Full Name (Last, First, Middle Initial) c. Authnet Gateway | | Date of Disbursement MM / DD / YYYY 06 / 02 / 2016 |
| Mailing Address 1295 Charleston Rd | | Transaction ID : BE08D6A45F8E44C42BC5 |
| City Mountain View | State CA | |
| Purpose of Disbursement service charge | Candidate Name | Amount of Each Disbursement this Period 33.45 |
| 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)..... 6533.45

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

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

| | | | | |
|--|------------------------------|------------------------------|------------------------------|------------------------------|
| <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)
Kasich for America, Inc.

| | | |
|--|---|--|
| Full Name (Last, First, Middle Initial) A. Prestige AV & Creative Services | | Date of Disbursement MM / DD / YYYY 06 / 02 / 2016 |
| Mailing Address 4835 Para Dr | | Transaction ID : B4814AF9AC1544658981 |
| City Cincinnati | State OH Zip Code 45237-5009 | |
| Purpose of Disbursement event audio visual production | Category/Type | Amount of Each Disbursement this Period 1854.85 |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | <input type="checkbox"/> Memo Item |
| 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. Huntington Merchant Services | | Date of Disbursement MM / DD / YYYY 06 / 02 / 2016 |
| Mailing Address PO Box 1558 | | Transaction ID : B3164A1B4A14241FB8AE |
| City Columbus | State OH Zip Code 43216-1558 | |
| Purpose of Disbursement service charge | Category/Type | Amount of Each Disbursement this Period 779.01 |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | <input type="checkbox"/> Memo Item |
| Disbursement For: 2016 | <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: District: | | |

| | | |
|---|---|--|
| Full Name (Last, First, Middle Initial) c. Verizon Wireless | | Date of Disbursement MM / DD / YYYY 06 / 02 / 2016 |
| Mailing Address PO Box 25505 | | Transaction ID : B36473BAAFDE242C3891 |
| City Lehigh Valley | State PA Zip Code 18002-5505 | |
| Purpose of Disbursement cell phone | Category/Type | Amount of Each Disbursement this Period 290.45 |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | <input type="checkbox"/> Memo Item |
| 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)..... 2924.31

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)
Kasich for America, Inc.

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) A. American Express | | Date of Disbursement MM / DD / YYYY 06 / 06 / 2016 |
| Mailing Address PO Box 53852 | | Transaction ID : B335396CE9E574671864 |
| City Phoenix | State AZ | |
| Zip Code 85072-3852 | Purpose of Disbursement service charge | Amount of Each Disbursement this Period 635.34 |
| Candidate Name | Category/ Type | <input type="checkbox"/> 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. CMDI | | Date of Disbursement MM / DD / YYYY 06 / 06 / 2016 |
| Mailing Address 1593 Spring Hill Rd Ste 400 | | Transaction ID : BC8925FDDA24644EDA95 |
| City Tysons Corner | State VA | |
| Zip Code 22182-2245 | Purpose of Disbursement service charge | Amount of Each Disbursement this Period 4.17 |
| Candidate Name | Category/ Type | <input type="checkbox"/> 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) c. Google, Inc. | | Date of Disbursement MM / DD / YYYY 06 / 07 / 2016 |
| Mailing Address 1600 Amphitheatre Pkwy | | Transaction ID : B324E8036A8874BB5828 |
| City Mountain View | State CA | |
| Zip Code 94043-1351 | Purpose of Disbursement service charge | Amount of Each Disbursement this Period 636.27 |
| Candidate Name | Category/ Type | <input type="checkbox"/> 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: | | |

| | |
|---|---------|
| Subtotal Of Receipts This Page (optional)..... | 1275.78 |
| 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)
Kasich for America, Inc.

| | | |
|---|----------------|--|
| Full Name (Last, First, Middle Initial) A. Capriccio | | Date of Disbursement MM / DD / YYYY 06 / 08 / 2016 |
| Mailing Address 2 Pine St | | Transaction ID : B3371AB7EE966408F808 |
| City Providence | State RI | |
| Purpose of Disbursement event food & beverage | Candidate Name | Amount of Each Disbursement this Period 1033.00 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| State: District: | | |

| | | |
|---|----------------|--|
| Full Name (Last, First, Middle Initial) B. United Parking | | Date of Disbursement MM / DD / YYYY 06 / 08 / 2016 |
| Mailing Address PO Box 6528 | | Transaction ID : B6891A2B85BE14A2D95C |
| City Providence | State RI | |
| Purpose of Disbursement event parking | Candidate Name | Amount of Each Disbursement this Period 300.00 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| State: District: | | |

| | | |
|---|----------------|--|
| Full Name (Last, First, Middle Initial) c. Sermo Digital LLC | | Date of Disbursement MM / DD / YYYY 06 / 08 / 2016 |
| Mailing Address 7605 SE 27th St Ste 204 | | Transaction ID : B324B518D54D14D818E5 |
| City Mercer Island | State WA | |
| Purpose of Disbursement online/web consulting | Candidate Name | Amount of Each Disbursement this Period 2473.14 |
| 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)..... 3806.14

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)
Kasich for America, Inc.

| | | |
|--|----------------|--|
| Full Name (Last, First, Middle Initial) A. CMDI | | Date of Disbursement MM / DD / YYYY 06 / 13 / 2016 |
| Mailing Address 1593 Spring Hill Rd Ste 400 | | Transaction ID : BB9CC806AF6E94575A87 |
| City Tysons Corner | State VA | |
| Purpose of Disbursement service charge | Candidate Name | Amount of Each Disbursement this Period 425.44 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| State: District: | Category/Type | |

| | | |
|--|----------------|--|
| Full Name (Last, First, Middle Initial) B. Utica Police Department | | Date of Disbursement MM / DD / YYYY 06 / 14 / 2016 |
| Mailing Address 413 Oriskany St W | | Transaction ID : B3B939FAD5ED842FFA41 |
| City Utica | State NY | |
| Purpose of Disbursement event security | Candidate Name | Amount of Each Disbursement this Period 440.00 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| State: District: | Category/Type | |

| | | |
|--|----------------|--|
| Full Name (Last, First, Middle Initial) c. Huntington Bank | | Date of Disbursement MM / DD / YYYY 06 / 15 / 2016 |
| Mailing Address PO Box 1558 | | Transaction ID : B675E05E7600B4158981 |
| City Columbus | State OH | |
| Purpose of Disbursement service charge | Candidate Name | Amount of Each Disbursement this Period 300.89 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| State: District: | Category/Type | |

Subtotal Of Receipts This Page (optional)..... 1166.33

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)
Kasich for America, Inc.

| | | |
|--|-------------------|--|
| Full Name (Last, First, Middle Initial) A. Stripe | | Date of Disbursement MM / DD / YYYY 06 / 16 / 2016 |
| Mailing Address 3180 18th St | | Transaction ID : B3631B06CF2384E2FA98 |
| City San Francisco | State CA | |
| Purpose of Disbursement service charge | Candidate Name | Amount of Each Disbursement this Period 414.44 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| State: District: | Category/ Type | |

| | | |
|--|-------------------|--|
| Full Name (Last, First, Middle Initial) B. MT Business Technologies, Inc. | | Date of Disbursement MM / DD / YYYY 06 / 20 / 2016 |
| Mailing Address PO Box 5155 | | Transaction ID : B14444C173FB443CCB6C |
| City Mansfield | State OH | |
| Purpose of Disbursement office equipment rental | Candidate Name | Amount of Each Disbursement this Period 388.75 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| State: District: | Category/ Type | |

| | | |
|--|-------------------|--|
| Full Name (Last, First, Middle Initial) c. Archer & Greiner | | Date of Disbursement MM / DD / YYYY 06 / 20 / 2016 |
| Mailing Address 1 Centennial Sq | | Transaction ID : B6A53A8625B5A4A388A6 |
| City Haddonfield | State NJ | |
| Purpose of Disbursement legal consulting | Candidate Name | Amount of Each Disbursement this Period 24.42 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| State: District: | Category/ Type | |

| | |
|---|--------|
| Subtotal Of Receipts This Page (optional)..... | 414.44 |
| 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)
Kasich for America, Inc.

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) A. Utah Council for Crime Prevention | | Date of Disbursement MM / DD / YYYY 06 / 20 / 2016 |
| Mailing Address 462 W Bearcat Dr | | Transaction ID : B10860FDBDF74C96ACF |
| City Salt Lake City | State UT | |
| Purpose of Disbursement rent | <input type="text"/> | Amount of Each Disbursement this Period <input type="text" value="1000.00"/> |
| Candidate Name | Category/ Type | <input type="checkbox"/> 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. United Healthcare Insurance Company | | Date of Disbursement MM / DD / YYYY 06 / 20 / 2016 |
| Mailing Address Dept CH10151 | | Transaction ID : B4172C8F938A940B29D1 |
| City Palatine | State IL | |
| Purpose of Disbursement health insurance premium | <input type="text"/> | Amount of Each Disbursement this Period <input type="text" value="1383.34"/> |
| Candidate Name | Category/ Type | <input type="checkbox"/> 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) c. Bill Glover | | Date of Disbursement MM / DD / YYYY 06 / 21 / 2016 |
| Mailing Address 2750 Kensington Pl E | | Transaction ID : BEEABAE3BFDB040E1994 |
| City Columbus | State OH | |
| Purpose of Disbursement food & beverage/food prep services | <input type="text"/> | Amount of Each Disbursement this Period <input type="text" value="370.68"/> |
| Candidate Name | Category/ Type | <input type="checkbox"/> 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: | | |

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

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

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Kasich for America, Inc.

| | | |
|--|-------------------|--|
| Full Name (Last, First, Middle Initial) A. Targeted Victory | | Date of Disbursement MM / DD / YYYY 06 / 23 / 2016 |
| Mailing Address 1033 N Fairfax St Ste 400 | | Transaction ID : B1B4662D0161B423EA9B |
| City Alexandria | State VA | |
| Purpose of Disbursement service charge | Candidate Name | Amount of Each Disbursement this Period 150.66 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| State: District: | Category/ Type | |

| | | |
|--|-------------------|--|
| Full Name (Last, First, Middle Initial) B. Broad Street Management, LLC | | Date of Disbursement MM / DD / YYYY 06 / 23 / 2016 |
| Mailing Address C/O Everson Capital, LLC, 630 East | | Transaction ID : BEAA883A52ADB4A579AF |
| City Columbus | State OH | |
| Purpose of Disbursement rent | Candidate Name | Amount of Each Disbursement this Period 5643.75 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| State: District: | Category/ Type | |

| | | |
|--|-------------------|--|
| Full Name (Last, First, Middle Initial) c. Red Rock Strategies | | Date of Disbursement MM / DD / YYYY 06 / 27 / 2016 |
| Mailing Address 9500 W Flamingo Rd Ste 203 | | Transaction ID : B0D75E35FD70443DC92D |
| City Las Vegas | State NV | |
| Purpose of Disbursement strategic consulting | Candidate Name | Amount of Each Disbursement this Period 547.68 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| State: District: | Category/ Type | |

Subtotal Of Receipts This Page (optional)..... 6342.09

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)
Kasich for America, Inc.

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) A. Verizon Wireless | | Date of Disbursement MM / DD / YYYY 06 / 27 / 2016 |
| Mailing Address PO Box 25505 | | Transaction ID : BF4684CACB149466D898 |
| City Lehigh Valley | State PA | |
| Purpose of Disbursement cell phone | <input type="text"/> | Amount of Each Disbursement this Period <input type="text" value="115.51"/> |
| Candidate Name | Category/ Type | <input type="checkbox"/> 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. Stripe | | Date of Disbursement MM / DD / YYYY 06 / 28 / 2016 |
| Mailing Address 3180 18th St | | Transaction ID : B3EC7E4C941E046108F7 |
| City San Francisco | State CA | |
| Purpose of Disbursement service charge | <input type="text"/> | Amount of Each Disbursement this Period <input type="text" value="2.25"/> |
| Candidate Name | Category/ Type | <input type="checkbox"/> 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) c. Lawrence M. Otter | | Date of Disbursement MM / DD / YYYY 06 / 30 / 2016 |
| Mailing Address PO Box 575 | | Transaction ID : BA849053453A348F2A5A |
| City Silverdale | State PA | |
| Purpose of Disbursement legal consulting | <input type="text"/> | Amount of Each Disbursement this Period <input type="text" value="1440.00"/> |
| Candidate Name | Category/ Type | <input type="checkbox"/> 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: | | |

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

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

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

23 24 25 26 27a
 27b 28a 28b 28c 29

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NAME OF COMMITTEE (In Full)
Kasich for America, Inc.

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) A. Mary Dambman | | Date of Disbursement MM / DD / YYYY 06 / 13 / 2016 |
| Mailing Address 2975 W 119th Ave Unit 102 | | Transaction ID : B0EF8108E31ED43A3A2D |
| City Westminster | State CO Zip Code 80234-2493 | |
| Purpose of Disbursement reimburse printing | Category/Type | Amount of Each Disbursement this Period 234.30 |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | <input type="checkbox"/> Memo Item |
| State: District: | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) B. Misteren Graphics | | Date of Disbursement MM / DD / YYYY 04 / 07 / 2016 |
| Mailing Address 10767 Livingston Dr | | Transaction ID : B2FF152FA32234CE4825 |
| City Northglenn | State CO Zip Code 80234-3741 | |
| Purpose of Disbursement printing | Category/Type | Amount of Each Disbursement this Period 234.30 |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | <input checked="" type="checkbox"/> Memo Item |
| State: District: | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

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

Subtotal Of Receipts This Page (optional)..... 234.30

Total This Period (last page this line number only)..... 27008.62

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Kasich for America, Inc.

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) A. Graham Allison | | Date of Disbursement MM / DD / YYYY 06 / 01 / 2016 |
| Mailing Address 69 Pinehurst Road | | Transaction ID : BCE88B726B854488E90C |
| City Belmont | State MA Zip Code 02478-1502 | |
| Purpose of Disbursement Refund | <input type="checkbox"/> | Amount of Each Disbursement this Period 1000.00 |
| Candidate Name | Category/Type | <input type="checkbox"/> 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. Robert Patricelli | | Date of Disbursement MM / DD / YYYY 06 / 01 / 2016 |
| Mailing Address 77 Hartford Road | | Transaction ID : B4D8F8DF72F4B4FA89A3 |
| City Simsbury | State CT Zip Code 06070-2506 | |
| Purpose of Disbursement Refund | <input type="checkbox"/> | Amount of Each Disbursement this Period 500.00 |
| Candidate Name | Category/Type | <input type="checkbox"/> 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) c. Elisabeth Allison | | Date of Disbursement MM / DD / YYYY 06 / 01 / 2016 |
| Mailing Address 69 Pinehurst Road | | Transaction ID : BC2F957C810324B299B3 |
| City Belmont | State MA Zip Code 02478-1502 | |
| Purpose of Disbursement Refund | <input type="checkbox"/> | Amount of Each Disbursement this Period 1926.00 |
| Candidate Name | Category/Type | <input type="checkbox"/> 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: | | |

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

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

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

PAGE 26 / 101

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

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NAME OF COMMITTEE (In Full)
Kasich for America, Inc.

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) A. Lawrence H. Hatch | | Date of Disbursement MM / DD / YYYY 06 / 01 / 2016 |
| Mailing Address 2726 Belvoir Boulevard | | Transaction ID : BA15CBE08B59E408C92B |
| City Shaker Heights | State OH | |
| Purpose of Disbursement Refund | <input type="checkbox"/> | Amount of Each Disbursement this Period 2700.00 |
| Candidate Name | Category/ Type | <input type="checkbox"/> 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. Dane V. Sandridge | | Date of Disbursement MM / DD / YYYY 06 / 01 / 2016 |
| Mailing Address 938 Croghan Way | | Transaction ID : B9B24B268D58448B291D |
| City Copley | State OH | |
| Purpose of Disbursement Refund | <input type="checkbox"/> | Amount of Each Disbursement this Period 2300.00 |
| Candidate Name | Category/ Type | <input type="checkbox"/> 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) c. Jessica McCamon | | Date of Disbursement MM / DD / YYYY 06 / 01 / 2016 |
| Mailing Address 55 Quail Rdg | | Transaction ID : B9E893505FE314315B6C |
| City Chagrin Falls | State OH | |
| Purpose of Disbursement Refund | <input type="checkbox"/> | Amount of Each Disbursement this Period 2700.00 |
| Candidate Name | Category/ Type | <input type="checkbox"/> 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: | | |

| | |
|---|---------|
| Subtotal Of Receipts This Page (optional)..... | 7700.00 |
| Total This Period (last page this line number only)..... | |

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Kasich for America, Inc.

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) A. John K. Runnette | | Date of Disbursement MM / DD / YYYY 06 / 01 / 2016 |
| Mailing Address 24 Outerbridge Cir | | Transaction ID : B4D66839C751940C4812 |
| City Hilton Head Island | State SC | |
| Purpose of Disbursement Refund | <input type="checkbox"/> | Amount of Each Disbursement this Period 2700.00 |
| Candidate Name | Category/ Type | <input type="checkbox"/> 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. Kevin Cherry | | Date of Disbursement MM / DD / YYYY 06 / 01 / 2016 |
| Mailing Address 3508 Colgate Avenue | | Transaction ID : B8267C92642194AD6A45 |
| City Dallas | State TX | |
| Purpose of Disbursement Refund | <input type="checkbox"/> | Amount of Each Disbursement this Period 1000.00 |
| Candidate Name | Category/ Type | <input type="checkbox"/> 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) c. Jennifer A. Leitner | | Date of Disbursement MM / DD / YYYY 06 / 01 / 2016 |
| Mailing Address 10 Creekview Lane | | Transaction ID : BA776CABA970C4FD5B83 |
| City Yardley | State PA | |
| Purpose of Disbursement Refund | <input type="checkbox"/> | Amount of Each Disbursement this Period 500.00 |
| Candidate Name | Category/ Type | <input type="checkbox"/> 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: | | |

Subtotal Of Receipts This Page (optional)..... 4200.00

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

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Kasich for America, Inc.

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) A. Alice Bacon | | Date of Disbursement MM / DD / YYYY 06 / 01 / 2016 |
| Mailing Address 2140 Center Street, Apt 220 | | Transaction ID : B56F82B37A4E542E094D |
| City Ashland State OH Zip Code 44805-4377 | Amount of Each Disbursement this Period 2300.00 | |
| Purpose of Disbursement Refund | Candidate Name | <input type="checkbox"/> 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: | Category/Type | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) B. David Carr | | Date of Disbursement MM / DD / YYYY 06 / 01 / 2016 |
| Mailing Address 1940 Mulsanne Drive | | Transaction ID : B6449755646A14C1BA6B |
| City Zionsville State IN Zip Code 46077-9076 | Amount of Each Disbursement this Period 300.00 | |
| Purpose of Disbursement Refund | Candidate Name | <input type="checkbox"/> 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: | Category/Type | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) c. Gloria Rubin | | Date of Disbursement MM / DD / YYYY 06 / 23 / 2016 |
| Mailing Address 158 Bayside Dr | | Transaction ID : BD3B072A300B64A08810 |
| City Atlantic Highlands State NJ Zip Code 07716-1709 | Amount of Each Disbursement this Period 2700.00 | |
| Purpose of Disbursement Refund | Candidate Name | <input type="checkbox"/> 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: | Category/Type | |

Subtotal Of Receipts This Page (optional)..... 5300.00

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

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

PAGE 29 / 101

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

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NAME OF COMMITTEE (In Full)
Kasich for America, Inc.

| | | |
|---|----------------|--|
| Full Name (Last, First, Middle Initial) A. Richard R. Hollington III | | Date of Disbursement MM / DD / YYYY 06 / 01 / 2016 |
| Mailing Address 2724 Shelley Road | | Transaction ID : B7B435323C22A45518F1 |
| City Shaker Heights | State OH | |
| Purpose of Disbursement Refund | Candidate Name | Amount of Each Disbursement this Period 300.00 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| State: District: | | |

| | | |
|---|----------------|--|
| Full Name (Last, First, Middle Initial) B. Shirley Small | | Date of Disbursement MM / DD / YYYY 06 / 09 / 2016 |
| Mailing Address 7501 Wisconsin Ave Ste 1103E | | Transaction ID : BE60667277E5B4283A4C |
| City Bethesda | State MD | |
| Purpose of Disbursement Refund | Candidate Name | Amount of Each Disbursement this Period 2700.00 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| State: District: | | |

| | | |
|---|----------------|--|
| Full Name (Last, First, Middle Initial) c. Joyce Dill | | Date of Disbursement MM / DD / YYYY 06 / 01 / 2016 |
| Mailing Address 3725 West Center Street | | Transaction ID : BA65185D18DEF4A748EF |
| City Cincinnati | State OH | |
| Purpose of Disbursement Refund | Candidate Name | Amount of Each Disbursement this Period 2050.00 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| State: District: | | |

Subtotal Of Receipts This Page (optional)..... 5050.00

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

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Kasich for America, Inc.

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) A. Richard G. Maloni | | Date of Disbursement MM / DD / YYYY 06 / 01 / 2016 |
| Mailing Address 44 Oxford Drive | | Transaction ID : B45E6115ACD25499E9D0 |
| City Lincolnshire State IL Zip Code 60069-3147 | Purpose of Disbursement Refund | |
| Candidate Name | Category/Type | Amount of Each Disbursement this Period 300.00 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <input type="checkbox"/> Memo Item |
| State: District: | | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) B. Chris Fackler | | Date of Disbursement MM / DD / YYYY 06 / 01 / 2016 |
| Mailing Address 155 East Broad Street, Ste 205 | | Transaction ID : BD9FAE2F14495426F802 |
| City Columbus State OH Zip Code 43215-3655 | Purpose of Disbursement Refund | |
| Candidate Name | Category/Type | Amount of Each Disbursement this Period 1000.00 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <input type="checkbox"/> Memo Item |
| State: District: | | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) c. Norine I. Boisi | | Date of Disbursement MM / DD / YYYY 06 / 01 / 2016 |
| Mailing Address 280 Park Avenue, Fl 23 | | Transaction ID : B0A2B265341BC478CB3E |
| City New York State NY Zip Code 10017-1216 | Purpose of Disbursement Refund | |
| Candidate Name | Category/Type | Amount of Each Disbursement this Period 1900.00 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <input type="checkbox"/> Memo Item |
| State: District: | | |

Subtotal Of Receipts This Page (optional)..... 3200.00

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

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Kasich for America, Inc.

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) A. Erwin Gutenkunst | | Date of Disbursement MM / DD / YYYY 06 / 01 / 2016 |
| Mailing Address 3930 Campus Drive | | Transaction ID : B50D04C1E76D44046B89 |
| City Newport Beach | State CA | |
| Purpose of Disbursement Refund | <input type="checkbox"/> | Amount of Each Disbursement this Period 2700.00 |
| Candidate Name | Category/ Type | <input type="checkbox"/> 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. Elaine Langone | | Date of Disbursement MM / DD / YYYY 06 / 01 / 2016 |
| Mailing Address 375 Park Avenue | | Transaction ID : B8BFB68BF320248148FD |
| City New York | State NY | |
| Purpose of Disbursement Refund | <input type="checkbox"/> | Amount of Each Disbursement this Period 2700.00 |
| Candidate Name | Category/ Type | <input type="checkbox"/> 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) c. Paula B. Brothers | | Date of Disbursement MM / DD / YYYY 06 / 01 / 2016 |
| Mailing Address 7849 Via Vecchia | | Transaction ID : B8FD9EBE5BAA2400DB56 |
| City Naples | State FL | |
| Purpose of Disbursement Refund | <input type="checkbox"/> | Amount of Each Disbursement this Period 250.00 |
| Candidate Name | Category/ Type | <input type="checkbox"/> 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: | | |

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

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

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Kasich for America, Inc.

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) A. Robert Tannous | | Date of Disbursement MM / DD / YYYY 06 / 01 / 2016 |
| Mailing Address 4090 Patricia Drive | | Transaction ID : B463FDC6D1E9F44A9B7E |
| City Columbus | State OH Zip Code 43220-4919 | |
| Purpose of Disbursement Refund | <input type="checkbox"/> | Amount of Each Disbursement this Period 411.00 |
| Candidate Name | Category/Type | <input type="checkbox"/> 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. Gregory T. Mutz | | Date of Disbursement MM / DD / YYYY 06 / 01 / 2016 |
| Mailing Address 200 West Monroe Street, Ste 2200 | | Transaction ID : B738A5D5B592C4DF9AC3 |
| City Chicago | State IL Zip Code 60606-5070 | |
| Purpose of Disbursement Refund | <input type="checkbox"/> | Amount of Each Disbursement this Period 2700.00 |
| Candidate Name | Category/Type | <input type="checkbox"/> 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) c. Michael Fox | | Date of Disbursement MM / DD / YYYY 06 / 01 / 2016 |
| Mailing Address 14751 Quito Road | | Transaction ID : B086D664F70C34A7D804 |
| City Saratoga | State CA Zip Code 95070-6291 | |
| Purpose of Disbursement Refund | <input type="checkbox"/> | Amount of Each Disbursement this Period 2700.00 |
| Candidate Name | Category/Type | <input type="checkbox"/> 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: | | |

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

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

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Kasich for America, Inc.

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) A. Constance Solomon | | Date of Disbursement MM / DD / YYYY 06 / 01 / 2016 |
| Mailing Address 663 Dodds Lane | | Transaction ID : BFD24EF9D1232433AB0F |
| City Gladwyne | State PA | |
| Purpose of Disbursement Refund | Candidate Name | Amount of Each Disbursement this Period 2700.00 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <input type="checkbox"/> Memo Item |
| State: District: | Category/Type | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) B. Faye Meisel | | Date of Disbursement MM / DD / YYYY 06 / 01 / 2016 |
| Mailing Address 244 Madison Road | | Transaction ID : BBC5D47193D184953BAE |
| City Cincinnati | State OH | |
| Purpose of Disbursement Refund | Candidate Name | Amount of Each Disbursement this Period 600.00 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <input type="checkbox"/> Memo Item |
| State: District: | Category/Type | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) c. Brian Ratner | | Date of Disbursement MM / DD / YYYY 06 / 01 / 2016 |
| Mailing Address 3355 Blackburn St Apt 9404 | | Transaction ID : BC7D569CFF49D498E812 |
| City Dallas | State TX | |
| Purpose of Disbursement Refund | Candidate Name | Amount of Each Disbursement this Period 2700.00 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <input type="checkbox"/> Memo Item |
| State: District: | Category/Type | |

Subtotal Of Receipts This Page (optional)..... 6000.00

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

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Kasich for America, Inc.

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) A. Robert Sprague | | Date of Disbursement MM / DD / YYYY 06 / 01 / 2016 |
| Mailing Address 1219 South Main St | | Transaction ID : B6CFF6E9A94C048B794E |
| City Findlay State OH Zip Code 45840-2240 | Amount of Each Disbursement this Period 2700.00 | |
| Purpose of Disbursement Refund | Candidate Name | <input type="checkbox"/> 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: | Category/Type | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) B. James S. Tyler Jr. | | Date of Disbursement MM / DD / YYYY 06 / 01 / 2016 |
| Mailing Address Post Office Box 1459 | | Transaction ID : B67AA36C153994B6EA45 |
| City Pebble Beach State CA Zip Code 93953-1459 | Amount of Each Disbursement this Period 2300.00 | |
| Purpose of Disbursement Refund | Candidate Name | <input type="checkbox"/> 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: | Category/Type | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) c. Alan Cope | | Date of Disbursement MM / DD / YYYY 06 / 01 / 2016 |
| Mailing Address 14838 Country Club Lane | | Transaction ID : BABD996242D194B0895D |
| City Salem State OH Zip Code 44460-9601 | Amount of Each Disbursement this Period 800.00 | |
| Purpose of Disbursement Refund | Candidate Name | <input type="checkbox"/> 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: | Category/Type | |

Subtotal Of Receipts This Page (optional)..... 5800.00

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

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Kasich for America, Inc.

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) A. Eric Kimble | | Date of Disbursement MM / DD / YYYY 06 / 01 / 2016 |
| Mailing Address 2536 Ervin Road NW | | Transaction ID : B4215A2F4F1CC4D6FBE8 |
| City Dover | State OH | |
| Purpose of Disbursement Refund | <input type="checkbox"/> | Amount of Each Disbursement this Period 800.00 |
| Candidate Name | Category/ Type | <input type="checkbox"/> 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. Danialle Karmanos | | Date of Disbursement MM / DD / YYYY 06 / 01 / 2016 |
| Mailing Address 4740 Dow Ridge Road | | Transaction ID : B63762A2276934FBAAF9 |
| City Orchard Lake | State MI | |
| Purpose of Disbursement Refund | <input type="checkbox"/> | Amount of Each Disbursement this Period 2700.00 |
| Candidate Name | Category/ Type | <input type="checkbox"/> 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) c. Frederik Muzi | | Date of Disbursement MM / DD / YYYY 06 / 01 / 2016 |
| Mailing Address 10 Powisset Street | | Transaction ID : B72D382F0A76D44BBB35 |
| City Dover | State MA | |
| Purpose of Disbursement Refund | <input type="checkbox"/> | Amount of Each Disbursement this Period 2700.00 |
| Candidate Name | Category/ Type | <input type="checkbox"/> 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: | | |

Subtotal Of Receipts This Page (optional)..... 6200.00

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

SCHEDULE B-P ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 36 / 101

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

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NAME OF COMMITTEE (In Full)
Kasich for America, Inc.

| | | |
|--|----------------|--|
| Full Name (Last, First, Middle Initial) A. William L. Jasper | | Date of Disbursement MM / DD / YYYY 06 / 01 / 2016 |
| Mailing Address 15 Old Saybrook Drive | | Transaction ID : BC7C1488AF1E8453DAF7 |
| City Greensboro | State NC | |
| Purpose of Disbursement Refund | Candidate Name | Amount of Each Disbursement this Period 2700.00 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| State: District: | Category/Type | |

| | | |
|--|----------------|--|
| Full Name (Last, First, Middle Initial) B. Carol Blumenstein | | Date of Disbursement MM / DD / YYYY 06 / 01 / 2016 |
| Mailing Address 32400 Telegraph Road, Ste 205 | | Transaction ID : B0CBF368197D44ECDBF4 |
| City Bingham Farms | State MI | |
| Purpose of Disbursement Refund | Candidate Name | Amount of Each Disbursement this Period 2700.00 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| State: District: | Category/Type | |

| | | |
|--|----------------|--|
| Full Name (Last, First, Middle Initial) c. Alfred Fasola | | Date of Disbursement MM / DD / YYYY 06 / 01 / 2016 |
| Mailing Address 2755 Magnolia Woods Drive | | Transaction ID : BA6442E8C8E7D40CEA2B |
| City Mount Pleasant | State SC | |
| Purpose of Disbursement Refund | Candidate Name | Amount of Each Disbursement this Period 500.00 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| State: District: | Category/Type | |

Subtotal Of Receipts This Page (optional)..... → 5900.00

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

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Kasich for America, Inc.

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) A. Gator Greenwill | | Date of Disbursement MM / DD / YYYY 06 / 01 / 2016 |
| Mailing Address 2548 Jasu Drive | | Transaction ID : B6A434703F21341FB96F |
| City Lawrence | State KS | |
| Purpose of Disbursement Refund | <input type="checkbox"/> | Amount of Each Disbursement this Period 1000.00 |
| Candidate Name | Category/ Type | <input type="checkbox"/> 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. Steven Rubin | | Date of Disbursement MM / DD / YYYY 06 / 01 / 2016 |
| Mailing Address 4100 Partridge Lane | | Transaction ID : BEBEEAA41E2E34B06A9A |
| City Toledo | State OH | |
| Purpose of Disbursement Refund | <input type="checkbox"/> | Amount of Each Disbursement this Period 2700.00 |
| Candidate Name | Category/ Type | <input type="checkbox"/> 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) c. Thomas Sadler | | Date of Disbursement MM / DD / YYYY 06 / 01 / 2016 |
| Mailing Address 160 Phillip Road | | Transaction ID : BE699E93B93484DFDB45 |
| City Woodside | State CA | |
| Purpose of Disbursement Refund | <input type="checkbox"/> | Amount of Each Disbursement this Period 1350.00 |
| Candidate Name | Category/ Type | <input type="checkbox"/> 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: | | |

| | |
|---|---------|
| Subtotal Of Receipts This Page (optional)..... | 5050.00 |
| Total This Period (last page this line number only)..... | |

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Kasich for America, Inc.

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) A. Roger Gendron | | Date of Disbursement MM / DD / YYYY 06 / 01 / 2016 |
| Mailing Address 1718 M Street NW | | Transaction ID : B8767C6C381934005BB0 |
| City Washington | State DC | |
| Purpose of Disbursement Refund | | Amount of Each Disbursement this Period 2300.00 |
| Candidate Name | | <input type="checkbox"/> 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. Tom Barrett | | Date of Disbursement MM / DD / YYYY 06 / 01 / 2016 |
| Mailing Address 43543 Butler Place | | Transaction ID : B1C62D1DCE8844B4296A |
| City Leesburg | State VA | |
| Purpose of Disbursement Refund | | Amount of Each Disbursement this Period 1000.00 |
| Candidate Name | | <input type="checkbox"/> 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) c. Robert H. Niehaus | | Date of Disbursement MM / DD / YYYY 06 / 01 / 2016 |
| Mailing Address 770 Park Avenue, Apt 16D | | Transaction ID : BEE2C5A339B4B4D9AAB4 |
| City New York | State NY | |
| Purpose of Disbursement Refund | | Amount of Each Disbursement this Period 2700.00 |
| Candidate Name | | <input type="checkbox"/> 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: | | |

Subtotal Of Receipts This Page (optional)..... 6000.00

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

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Kasich for America, Inc.

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) A. Edward M. Roob | | Date of Disbursement MM / DD / YYYY 06 / 01 / 2016 |
| Mailing Address 841 Woodbine Lane | | Transaction ID : BDE2A7DAB7B914733B43 |
| City Northbrook | State IL | |
| Purpose of Disbursement Refund | | Amount of Each Disbursement this Period 900.00 |
| Candidate Name | Category/Type | <input type="checkbox"/> 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. Amy Thompson | | Date of Disbursement MM / DD / YYYY 06 / 01 / 2016 |
| Mailing Address 1899 South Shore Drive | | Transaction ID : B94347B0051654AAEBD8 |
| City Holland | State MI | |
| Purpose of Disbursement Refund | | Amount of Each Disbursement this Period 2300.00 |
| Candidate Name | Category/Type | <input type="checkbox"/> 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) c. Thomas L. Teague | | Date of Disbursement MM / DD / YYYY 06 / 01 / 2016 |
| Mailing Address 325 Arbor Road | | Transaction ID : B8FAD477412214F2199E |
| City Winston Salem | State NC | |
| Purpose of Disbursement Refund | | Amount of Each Disbursement this Period 2700.00 |
| Candidate Name | Category/Type | <input type="checkbox"/> 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: | | |

Subtotal Of Receipts This Page (optional)..... **5900.00**

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

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Kasich for America, Inc.

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) A. Cindy Owens | | Date of Disbursement MM / DD / YYYY 06 / 01 / 2016 |
| Mailing Address 10266 Olentangy River Road | | Transaction ID : BCDC647B12D784164918 |
| City Powell | State OH Zip Code 43065-9738 | |
| Purpose of Disbursement Refund | <input type="checkbox"/> | Amount of Each Disbursement this Period 2700.00 |
| Candidate Name | Category/Type | <input type="checkbox"/> 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. Linda Barrett | | Date of Disbursement MM / DD / YYYY 06 / 01 / 2016 |
| Mailing Address 43543 Butler Place | | Transaction ID : B5DA5A955AEF2429DB35 |
| City Leesburg | State VA Zip Code 20176-7428 | |
| Purpose of Disbursement Refund | <input type="checkbox"/> | Amount of Each Disbursement this Period 273.00 |
| Candidate Name | Category/Type | <input type="checkbox"/> 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) c. Anthony J. Alexander | | Date of Disbursement MM / DD / YYYY 06 / 01 / 2016 |
| Mailing Address 2936 Ironwood Drive | | Transaction ID : BEAC2B5534D904E93930 |
| City Akron | State OH Zip Code 44312-5809 | |
| Purpose of Disbursement Refund | <input type="checkbox"/> | Amount of Each Disbursement this Period 1200.00 |
| Candidate Name | Category/Type | <input type="checkbox"/> 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: | | |

Subtotal Of Receipts This Page (optional)..... 4173.00

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

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Kasich for America, Inc.

| | | |
|---|-------------------|--|
| Full Name (Last, First, Middle Initial) A. Joseph McLaughlin | | Date of Disbursement MM / DD / YYYY 06 / 01 / 2016 |
| Mailing Address 12 Colonial Lane | | Transaction ID : BE00D0BDEC3AA43EDBAD |
| City Riverside | State CT | |
| Purpose of Disbursement Refund | Candidate Name | Amount of Each Disbursement this Period 2700.00 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| State: District: | Category/ Type | |

| | | |
|---|-------------------|--|
| Full Name (Last, First, Middle Initial) B. Mary Ann Pemberton | | Date of Disbursement MM / DD / YYYY 06 / 01 / 2016 |
| Mailing Address 2626 Lewis Center Road | | Transaction ID : B93AF3D21480B419F9FB |
| City Lewis Center | State OH | |
| Purpose of Disbursement Refund | Candidate Name | Amount of Each Disbursement this Period 400.00 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| State: District: | Category/ Type | |

| | | |
|---|-------------------|--|
| Full Name (Last, First, Middle Initial) c. Joyce Farmer | | Date of Disbursement MM / DD / YYYY 06 / 01 / 2016 |
| Mailing Address 8525 Fox Cub Lane | | Transaction ID : B0C6CED2998614B679E9 |
| City Cincinnati | State OH | |
| Purpose of Disbursement Refund | Candidate Name | Amount of Each Disbursement this Period 2700.00 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| State: District: | Category/ Type | |

Subtotal Of Receipts This Page (optional)..... 5800.00

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

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Kasich for America, Inc.

| | | |
|---|---|--|
| Full Name (Last, First, Middle Initial) A. Carol Rosebrough | | Date of Disbursement MM / DD / YYYY 06 / 01 / 2016 |
| Mailing Address 32000 Pinetree Road | | Transaction ID : B895D80D514194B749C5 |
| City Cleveland | State OH Zip Code 44124-5900 | |
| Purpose of Disbursement Refund | Category/Type | Amount of Each Disbursement this Period 2600.00 |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | <input type="checkbox"/> Memo Item |
| 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. Bryant Riley | | Date of Disbursement MM / DD / YYYY 06 / 01 / 2016 |
| Mailing Address 12710 Marlboro Street | | Transaction ID : B41955F31772C453494B |
| City Los Angeles | State CA Zip Code 90049-3742 | |
| Purpose of Disbursement Refund | Category/Type | Amount of Each Disbursement this Period 2700.00 |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | <input type="checkbox"/> Memo Item |
| Disbursement For: 2016 | <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: District: | | |

| | | |
|--|---|--|
| Full Name (Last, First, Middle Initial) c. Adrienne Lufkin | | Date of Disbursement MM / DD / YYYY 06 / 01 / 2016 |
| Mailing Address 711 5th Avenue, Fl 10 | | Transaction ID : BAC33B97372354ECA8AE |
| City New York | State NY Zip Code 10022-3168 | |
| Purpose of Disbursement Refund | Category/Type | Amount of Each Disbursement this Period 2700.00 |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | <input type="checkbox"/> Memo Item |
| 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)..... 8000.00

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

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Kasich for America, Inc.

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) A. Bob Kohlhepp | | Date of Disbursement MM / DD / YYYY 06 / 01 / 2016 |
| Mailing Address 100 West Rivercenter Boulevard, Ph | | Transaction ID : BF34012B6F153434EAA8 |
| City Covington | State KY | |
| Purpose of Disbursement Refund | <input type="checkbox"/> | Amount of Each Disbursement this Period 2700.00 |
| Candidate Name | Category/ Type | <input type="checkbox"/> 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. David Walentas | | Date of Disbursement MM / DD / YYYY 06 / 01 / 2016 |
| Mailing Address 45 Main Street, Ste 602 | | Transaction ID : BF5C0633D206F4CBBBA2 |
| City Brooklyn | State NY | |
| Purpose of Disbursement Refund | <input type="checkbox"/> | Amount of Each Disbursement this Period 2700.00 |
| Candidate Name | Category/ Type | <input type="checkbox"/> 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) c. Kathy Krapek | | Date of Disbursement MM / DD / YYYY 06 / 20 / 2016 |
| Mailing Address 11 Pembroke Dr | | Transaction ID : BC41101A598FD4A7F9DD |
| City Avon | State CT | |
| Purpose of Disbursement Refund | <input type="checkbox"/> | Amount of Each Disbursement this Period 2700.00 |
| Candidate Name | Category/ Type | <input type="checkbox"/> 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: | | |

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

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

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

PAGE 44 / 101

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

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NAME OF COMMITTEE (In Full)
Kasich for America, Inc.

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) A. Judit Gallagher | | Date of Disbursement MM / DD / YYYY 06 / 01 / 2016 |
| Mailing Address 19 Oak Knoll Drive | | Transaction ID : BCE332D9EC8304E4E9A7 |
| City Sewickley | State PA | |
| Purpose of Disbursement Refund | <input type="checkbox"/> | Amount of Each Disbursement this Period 2700.00 |
| Candidate Name | Category/ Type | <input type="checkbox"/> 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. Jay Zmrhal | | Date of Disbursement MM / DD / YYYY 06 / 01 / 2016 |
| Mailing Address 4687 Legend Trail | | Transaction ID : B173303CBAE684357957 |
| City Saint Joseph | State MI | |
| Purpose of Disbursement Refund | <input type="checkbox"/> | Amount of Each Disbursement this Period 206.00 |
| Candidate Name | Category/ Type | <input type="checkbox"/> 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) c. Joanna Jacobson | | Date of Disbursement MM / DD / YYYY 06 / 01 / 2016 |
| Mailing Address 69 Beacon Street | | Transaction ID : BDF8FCB08066C4DABB84 |
| City Boston | State MA | |
| Purpose of Disbursement Refund | <input type="checkbox"/> | Amount of Each Disbursement this Period 2700.00 |
| Candidate Name | Category/ Type | <input type="checkbox"/> 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: | | |

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

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

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Kasich for America, Inc.

| | | |
|---|----------------|--|
| Full Name (Last, First, Middle Initial) A. Dan Lufkin | | Date of Disbursement MM / DD / YYYY 06 / 01 / 2016 |
| Mailing Address 711 5th Avenue, Fl 10 | | Transaction ID : B745819F404D34549883 |
| City New York | State NY | |
| Purpose of Disbursement Refund | Candidate Name | Amount of Each Disbursement this Period 2700.00 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| State: District: | | |

| | | |
|---|----------------|--|
| Full Name (Last, First, Middle Initial) B. William S. Toth | | Date of Disbursement MM / DD / YYYY 06 / 01 / 2016 |
| Mailing Address 7030 North Austin Avenue | | Transaction ID : BB4CE4596C1C1400CA91 |
| City Niles | State IL | |
| Purpose of Disbursement Refund | Candidate Name | Amount of Each Disbursement this Period 1300.00 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| State: District: | | |

| | | |
|---|----------------|--|
| Full Name (Last, First, Middle Initial) c. Kate Niehaus | | Date of Disbursement MM / DD / YYYY 06 / 01 / 2016 |
| Mailing Address 770 Park Avenue, Apt 16D | | Transaction ID : B535F58DDD8804652911 |
| City New York | State NY | |
| Purpose of Disbursement Refund | Candidate Name | Amount of Each Disbursement this Period 2700.00 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| State: District: | | |

Subtotal Of Receipts This Page (optional)..... 6700.00

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

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Kasich for America, Inc.

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) A. Ann K. Runnette | | Date of Disbursement MM / DD / YYYY 06 / 01 / 2016 |
| Mailing Address 24 Outerbridge Cir | | Transaction ID : B7A315EBFB09B499E96A |
| City Hilton Head Island | State SC | |
| Purpose of Disbursement Refund | <input type="checkbox"/> | Amount of Each Disbursement this Period 2700.00 |
| Candidate Name | Category/ Type | <input type="checkbox"/> 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. Martin Ellbogen | | Date of Disbursement MM / DD / YYYY 06 / 07 / 2016 |
| Mailing Address 5000 Blackmore Rd | | Transaction ID : B808EFB3C3067448EAEE |
| City Casper | State WY | |
| Purpose of Disbursement Refund | <input type="checkbox"/> | Amount of Each Disbursement this Period 250.00 |
| Candidate Name | Category/ Type | <input type="checkbox"/> 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) c. Linda Jackson | | Date of Disbursement MM / DD / YYYY 06 / 01 / 2016 |
| Mailing Address 19901 North Park Boulevard | | Transaction ID : B0DA647B7C34B4FF4B0A |
| City Shaker Heights | State OH | |
| Purpose of Disbursement Refund | <input type="checkbox"/> | Amount of Each Disbursement this Period 2700.00 |
| Candidate Name | Category/ Type | <input type="checkbox"/> 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: | | |

Subtotal Of Receipts This Page (optional)..... **5650.00**

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

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Kasich for America, Inc.

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) A. Joy Soll | | Date of Disbursement MM / DD / YYYY 06 / 01 / 2016 |
| Mailing Address 141 South Drexel Avenue | | Transaction ID : B248ED5D739CF4149830 |
| City Columbus | State OH Zip Code 43209-1739 | |
| Purpose of Disbursement Refund | <input type="checkbox"/> | Amount of Each Disbursement this Period 2700.00 |
| Candidate Name | Category/Type | <input type="checkbox"/> 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. Amy Erlbaum | | Date of Disbursement MM / DD / YYYY 06 / 01 / 2016 |
| Mailing Address 124 Sibley Avenue | | Transaction ID : B4DFD1DF41B474A8687E |
| City Ardmore | State PA Zip Code 19003-2312 | |
| Purpose of Disbursement Refund | <input type="checkbox"/> | Amount of Each Disbursement this Period 2700.00 |
| Candidate Name | Category/Type | <input type="checkbox"/> 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) c. Steve Holzman | | Date of Disbursement MM / DD / YYYY 06 / 01 / 2016 |
| Mailing Address 3305 South Moorings Way | | Transaction ID : BD6426CFF1BE14A17A42 |
| City Miami | State FL Zip Code 33133-6536 | |
| Purpose of Disbursement Refund | <input type="checkbox"/> | Amount of Each Disbursement this Period 2700.00 |
| Candidate Name | Category/Type | <input type="checkbox"/> 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: | | |

| | |
|---|---------|
| Subtotal Of Receipts This Page (optional)..... | 8100.00 |
| Total This Period (last page this line number only)..... | |

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

PAGE 48 / 101

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

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NAME OF COMMITTEE (In Full)
Kasich for America, Inc.

| | | |
|---|----------------|--|
| Full Name (Last, First, Middle Initial) A. Anna Stillwell | | Date of Disbursement MM / DD / YYYY 06 / 01 / 2016 |
| Mailing Address 2911 Cedar St | | Transaction ID : B732D50305B3E4BE489B |
| City Portsmouth | State OH | |
| Purpose of Disbursement Refund | Candidate Name | Amount of Each Disbursement this Period 300.00 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| State: District: | | |

| | | |
|---|----------------|--|
| Full Name (Last, First, Middle Initial) B. Kevin Ahern | | Date of Disbursement MM / DD / YYYY 06 / 01 / 2016 |
| Mailing Address 9465 Customhouse Plz | | Transaction ID : BB98362957116449193E |
| City San Diego | State CA | |
| Purpose of Disbursement Refund | Candidate Name | Amount of Each Disbursement this Period 2700.00 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| State: District: | | |

| | | |
|---|----------------|--|
| Full Name (Last, First, Middle Initial) c. Zach Prouty | | Date of Disbursement MM / DD / YYYY 06 / 01 / 2016 |
| Mailing Address 100 Frankfort Square | | Transaction ID : B896D790FBCCB4D82BE9 |
| City Columbus | State OH | |
| Purpose of Disbursement Refund | Candidate Name | Amount of Each Disbursement this Period 56.00 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| State: District: | | |

Subtotal Of Receipts This Page (optional)..... 3056.00

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

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

PAGE 49 / 101

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

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NAME OF COMMITTEE (In Full)
Kasich for America, Inc.

| | | |
|--|---|--|
| Full Name (Last, First, Middle Initial) A. Stephen Mueller | | Date of Disbursement MM / DD / YYYY 06 / 06 / 2016 |
| Mailing Address 80 Brentwood Road | | Transaction ID : B2F9F815D1C004E60800 |
| City State Zip Code ZZ L6 J4 | Amount of Each Disbursement this Period 800.00 | |
| Purpose of Disbursement Refund | Candidate Name | <input type="checkbox"/> 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: | Category/ Type |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) B. Karen H. Hubbard | | Date of Disbursement MM / DD / YYYY 06 / 01 / 2016 |
| Mailing Address 3415 University Avenue West | | Transaction ID : B9C834A0CDDE2443EB28 |
| City State Zip Code Saint Paul MN 55114-1019 | Amount of Each Disbursement this Period 2700.00 | |
| Purpose of Disbursement Refund | Candidate Name | <input type="checkbox"/> 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: | Category/ Type |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) c. Susan Z. Green | | Date of Disbursement MM / DD / YYYY 06 / 01 / 2016 |
| Mailing Address 161 East 35th Street | | Transaction ID : BC202E5CFC99E402BA06 |
| City State Zip Code New York NY 10016-4103 | Amount of Each Disbursement this Period 2300.00 | |
| Purpose of Disbursement Refund | Candidate Name | <input type="checkbox"/> 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: | Category/ Type |

| | |
|---|---------|
| Subtotal Of Receipts This Page (optional)..... | 5800.00 |
| Total This Period (last page this line number only)..... | |

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

PAGE 50 / 101

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

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NAME OF COMMITTEE (In Full)
Kasich for America, Inc.

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) A. Harvey R Clapp III | | Date of Disbursement MM / DD / YYYY 06 / 01 / 2016 |
| Mailing Address 5 Farview Road | | Transaction ID : B79BC2A890F0845C8AB5 |
| City Baltimore | State MD | |
| Purpose of Disbursement Refund | <input type="checkbox"/> | Amount of Each Disbursement this Period 1300.00 |
| Candidate Name | Category/ Type | <input type="checkbox"/> 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. John F. Ackerman | | Date of Disbursement MM / DD / YYYY 06 / 01 / 2016 |
| Mailing Address 525 Forest Boulevard | | Transaction ID : BEB2791758F914212B65 |
| City Indianapolis | State IN | |
| Purpose of Disbursement Refund | <input type="checkbox"/> | Amount of Each Disbursement this Period 2300.00 |
| Candidate Name | Category/ Type | <input type="checkbox"/> 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) c. J.B. Buse, Jr. | | Date of Disbursement MM / DD / YYYY 06 / 01 / 2016 |
| Mailing Address 4700 Willow Hills Lane | | Transaction ID : B2DAB3889AE554798BFB |
| City Cincinnati | State OH | |
| Purpose of Disbursement Refund | <input type="checkbox"/> | Amount of Each Disbursement this Period 2500.00 |
| Candidate Name | Category/ Type | <input type="checkbox"/> 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: | | |

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

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

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Kasich for America, Inc.

| | | |
|--|------------------------------|--|
| Full Name (Last, First, Middle Initial) A. Carole Hoover | | Date of Disbursement MM / DD / YYYY 06 / 01 / 2016 |
| Mailing Address 2 Bratenahl Place, Apt 7A | | Transaction ID : B2AE331583D79488AB7F |
| City Cleveland | State OH Zip Code 44108-1171 | |
| Purpose of Disbursement Refund | Candidate Name | Amount of Each Disbursement this Period 2700.00 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| State: District: | Category/Type | |

| | | |
|--|------------------------------|--|
| Full Name (Last, First, Middle Initial) B. John Wolff | | Date of Disbursement MM / DD / YYYY 06 / 01 / 2016 |
| Mailing Address 3600 Kitzmiller Road | | Transaction ID : B78A9286F94DF4801BA8 |
| City New Albany | State OH Zip Code 43054-9776 | |
| Purpose of Disbursement Refund | Candidate Name | Amount of Each Disbursement this Period 2500.00 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| State: District: | Category/Type | |

| | | |
|--|------------------------------|--|
| Full Name (Last, First, Middle Initial) c. Charles W. Lamar III | | Date of Disbursement MM / DD / YYYY 06 / 01 / 2016 |
| Mailing Address Post Office Box 66338 | | Transaction ID : BED34F5D772824BCCADF |
| City Baton Rouge | State LA Zip Code 70896-6338 | |
| Purpose of Disbursement Refund | Candidate Name | Amount of Each Disbursement this Period 800.00 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| State: District: | Category/Type | |

Subtotal Of Receipts This Page (optional)..... 6000.00

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

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Kasich for America, Inc.

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) A. Gordon Dickey | | Date of Disbursement MM / DD / YYYY 06 / 01 / 2016 |
| Mailing Address 125 43rd Avenue North | | Transaction ID : BE91DD62082DD4743940 |
| City Nashville | State TN | |
| Purpose of Disbursement Refund | <input type="checkbox"/> | Amount of Each Disbursement this Period 1000.00 |
| Candidate Name | Category/ Type | <input type="checkbox"/> 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. Cindy Hilsheimer | | Date of Disbursement MM / DD / YYYY 06 / 01 / 2016 |
| Mailing Address 7278 Lambton Park Road | | Transaction ID : B142EF5AD02394CF0AB8 |
| City New Albany | State OH | |
| Purpose of Disbursement Refund | <input type="checkbox"/> | Amount of Each Disbursement this Period 2700.00 |
| Candidate Name | Category/ Type | <input type="checkbox"/> 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) c. Sonny Smith Jr. | | Date of Disbursement MM / DD / YYYY 06 / 01 / 2016 |
| Mailing Address 47215 Tomahawk Drive | | Transaction ID : B2CF572438FE3426BAAE |
| City Negley | State OH | |
| Purpose of Disbursement Refund | <input type="checkbox"/> | Amount of Each Disbursement this Period 1000.00 |
| Candidate Name | Category/ Type | <input type="checkbox"/> 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: | | |

| | |
|---|---------|
| Subtotal Of Receipts This Page (optional)..... | 4700.00 |
| Total This Period (last page this line number only)..... | |

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

PAGE 53 / 101

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

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NAME OF COMMITTEE (In Full)
Kasich for America, Inc.

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) A. Susan Friedman | | Date of Disbursement MM / DD / YYYY 06 / 01 / 2016 |
| Mailing Address 540 Lost Key Drive | | Transaction ID : B30A9927C851D43D191C |
| City Pensacola | State FL | |
| Purpose of Disbursement Refund | <input type="checkbox"/> | Amount of Each Disbursement this Period 2700.00 |
| Candidate Name | Category/ Type | <input type="checkbox"/> 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. Cedric C. Jimerson | | Date of Disbursement MM / DD / YYYY 06 / 01 / 2016 |
| Mailing Address 300 Tranquility Lane | | Transaction ID : B418DEDF45F434EF39F9 |
| City Reading | State PA | |
| Purpose of Disbursement Refund | <input type="checkbox"/> | Amount of Each Disbursement this Period 2300.00 |
| Candidate Name | Category/ Type | <input type="checkbox"/> 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) c. Annette Klein | | Date of Disbursement MM / DD / YYYY 06 / 01 / 2016 |
| Mailing Address 210 Jackson Place | | Transaction ID : BBF17B785A2F74F94958 |
| City Corpus Christi | State TX | |
| Purpose of Disbursement Refund | <input type="checkbox"/> | Amount of Each Disbursement this Period 2700.00 |
| Candidate Name | Category/ Type | <input type="checkbox"/> 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: | | |

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

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

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Kasich for America, Inc.

| | | |
|---|----------------|--|
| Full Name (Last, First, Middle Initial) A. Frank Clements | | Date of Disbursement MM / DD / YYYY 06 / 01 / 2016 |
| Mailing Address 21 Midway Road | | Transaction ID : B8649F65988F748C292C |
| City Pittsburgh | State PA | |
| Purpose of Disbursement Refund | Candidate Name | Amount of Each Disbursement this Period 300.00 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| State: District: | | |

| | | |
|---|----------------|--|
| Full Name (Last, First, Middle Initial) B. John Corey | | Date of Disbursement MM / DD / YYYY 06 / 01 / 2016 |
| Mailing Address 805 Arlington Cir | | Transaction ID : B000D0C523C014245B10 |
| City Henrico | State VA | |
| Purpose of Disbursement Refund | Candidate Name | Amount of Each Disbursement this Period 1700.00 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| State: District: | | |

| | | |
|---|----------------|--|
| Full Name (Last, First, Middle Initial) c. Lawrence A. Hilsheimer | | Date of Disbursement MM / DD / YYYY 06 / 01 / 2016 |
| Mailing Address 7278 Lambton Park Road | | Transaction ID : BE56D218288554EC7B4C |
| City New Albany | State OH | |
| Purpose of Disbursement Refund | Candidate Name | Amount of Each Disbursement this Period 2700.00 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| State: District: | | |

| | |
|---|---------|
| Subtotal Of Receipts This Page (optional)..... | 4700.00 |
| Total This Period (last page this line number only)..... | |

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Kasich for America, Inc.

| | | |
|---|----------------|--|
| Full Name (Last, First, Middle Initial) A. Terrell G. Harrigan | | Date of Disbursement MM / DD / YYYY 06 / 01 / 2016 |
| Mailing Address 4505 Sulgrave Rd | | Transaction ID : BE57C59CC3BC1447DA51 |
| City Richmond | State VA | |
| Purpose of Disbursement Refund | Candidate Name | Amount of Each Disbursement this Period 2700.00 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| State: _____ District: _____ | | |

| | | |
|---|----------------|--|
| Full Name (Last, First, Middle Initial) B. Bruce Soll | | Date of Disbursement MM / DD / YYYY 06 / 01 / 2016 |
| Mailing Address 141 South Drexel Avenue | | Transaction ID : BAE89C9E1343843A6B7B |
| City Columbus | State OH | |
| Purpose of Disbursement Refund | Candidate Name | Amount of Each Disbursement this Period 2700.00 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| State: _____ District: _____ | | |

| | | |
|---|----------------|--|
| Full Name (Last, First, Middle Initial) c. David Berman | | Date of Disbursement MM / DD / YYYY 06 / 01 / 2016 |
| Mailing Address 152 West 57th Street, Fl 20 | | Transaction ID : B2ABDDF32B49D425ABB7 |
| City New York | State NY | |
| Purpose of Disbursement Refund | Candidate Name | Amount of Each Disbursement this Period 300.00 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| State: _____ District: _____ | | |

| | |
|--|---------|
| Subtotal Of Receipts This Page (optional)..... | 5700.00 |
| Total This Period (last page this line number only)..... | |

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Kasich for America, Inc.

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) A. Joseph Head III | | Date of Disbursement MM / DD / YYYY 06 / 01 / 2016 |
| Mailing Address 7825 Rock Hill Lane | | Transaction ID : B3065D6F6CD3C4AB8B35 |
| City Cincinnati | State OH Zip Code 45243-4046 | |
| Purpose of Disbursement Refund | Candidate Name | Amount of Each Disbursement this Period 1600.00 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <input type="checkbox"/> Memo Item |
| State: District: | Category/Type | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) B. Patrick A. Thompson | | Date of Disbursement MM / DD / YYYY 06 / 01 / 2016 |
| Mailing Address 1899 South Shore Drive | | Transaction ID : BD27412499EEF4DC9A76 |
| City Holland | State MI Zip Code 49423-4339 | |
| Purpose of Disbursement Refund | Candidate Name | Amount of Each Disbursement this Period 2300.00 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <input type="checkbox"/> Memo Item |
| State: District: | Category/Type | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) c. Douglas Preisse | | Date of Disbursement MM / DD / YYYY 06 / 01 / 2016 |
| Mailing Address 708 South 5th Street | | Transaction ID : B6AE6B7C2601549B4938 |
| City Columbus | State OH Zip Code 43206-2123 | |
| Purpose of Disbursement Refund | Candidate Name | Amount of Each Disbursement this Period 466.00 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <input type="checkbox"/> Memo Item |
| State: District: | Category/Type | |

Subtotal Of Receipts This Page (optional)..... 4366.00

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

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Kasich for America, Inc.

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) A. Mae McCorkle | | Date of Disbursement MM / DD / YYYY 06 / 01 / 2016 |
| Mailing Address 5634 Jeffries Court | | Transaction ID : BAF2B94DC7FA44730A32 |
| City Westerville | State OH | |
| Purpose of Disbursement Refund | <input type="checkbox"/> | Amount of Each Disbursement this Period 2500.00 |
| Candidate Name | Category/ Type | <input type="checkbox"/> 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. Tim Timken | | Date of Disbursement MM / DD / YYYY 06 / 01 / 2016 |
| Mailing Address 2321 Brentwood Road NW | | Transaction ID : BBE841C485DF44DED9D8 |
| City Canton | State OH | |
| Purpose of Disbursement Refund | <input type="checkbox"/> | Amount of Each Disbursement this Period 2700.00 |
| Candidate Name | Category/ Type | <input type="checkbox"/> 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) c. Brian Moran | | Date of Disbursement MM / DD / YYYY 06 / 01 / 2016 |
| Mailing Address 251 Bristol Street | | Transaction ID : B2714CD6EDD7E413FBF7 |
| City Northfield | State IL | |
| Purpose of Disbursement Refund | <input type="checkbox"/> | Amount of Each Disbursement this Period 2700.00 |
| Candidate Name | Category/ Type | <input type="checkbox"/> 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: | | |

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

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

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Kasich for America, Inc.

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) A. Deborah L. Daberko | | Date of Disbursement MM / DD / YYYY 06 / 01 / 2016 |
| Mailing Address 11694 Lake House Court | | Transaction ID : BD5E54043C0E445FB9CE |
| City Palm Beach | State FL | |
| Purpose of Disbursement Refund | <input type="checkbox"/> | Amount of Each Disbursement this Period 2300.00 |
| Candidate Name | Category/ Type | <input type="checkbox"/> 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. Elkin Alston | | Date of Disbursement MM / DD / YYYY 06 / 01 / 2016 |
| Mailing Address 238 15th Street NE, Unit 1 | | Transaction ID : BE95366EEAC8541FFB82 |
| City Atlanta | State GA | |
| Purpose of Disbursement Refund | <input type="checkbox"/> | Amount of Each Disbursement this Period 2300.00 |
| Candidate Name | Category/ Type | <input type="checkbox"/> 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) c. Anne McMahon | | Date of Disbursement MM / DD / YYYY 06 / 01 / 2016 |
| Mailing Address 181 Montrose Drive | | Transaction ID : B74531906092C4716870 |
| City Durham | State NC | |
| Purpose of Disbursement Refund | <input type="checkbox"/> | Amount of Each Disbursement this Period 2300.00 |
| Candidate Name | Category/ Type | <input type="checkbox"/> 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: | | |

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

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

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Kasich for America, Inc.

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) A. Penny M. Teague | | Date of Disbursement MM / DD / YYYY 06 / 01 / 2016 |
| Mailing Address 325 Arbor Road | | Transaction ID : BB0088715CE864A89930 |
| City Winston Salem | State NC | |
| Purpose of Disbursement Refund | <input type="checkbox"/> | Amount of Each Disbursement this Period 2700.00 |
| Candidate Name | Category/ Type | <input type="checkbox"/> 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. Stanford Brown | | Date of Disbursement MM / DD / YYYY 06 / 01 / 2016 |
| Mailing Address Post Office Box 14024 | | Transaction ID : B424FBC37F36247F1B54 |
| City Macon | State GA | |
| Purpose of Disbursement Refund | <input type="checkbox"/> | Amount of Each Disbursement this Period 650.00 |
| Candidate Name | Category/ Type | <input type="checkbox"/> 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) c. Gary E. Erlbaum | | Date of Disbursement MM / DD / YYYY 06 / 01 / 2016 |
| Mailing Address 100 Taylor Lane | | Transaction ID : BFBF1B36937914603AB7 |
| City Haverford | State PA | |
| Purpose of Disbursement Refund | <input type="checkbox"/> | Amount of Each Disbursement this Period 2700.00 |
| Candidate Name | Category/ Type | <input type="checkbox"/> 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: | | |

Subtotal Of Receipts This Page (optional)..... **6050.00**

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

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

PAGE 60 / 101

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

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NAME OF COMMITTEE (In Full)
Kasich for America, Inc.

| | | |
|---|-------------------|--|
| Full Name (Last, First, Middle Initial) A. Vicki Erlbaum | | Date of Disbursement MM / DD / YYYY 06 / 01 / 2016 |
| Mailing Address 100 Taylor Lane | | Transaction ID : B442A59915D0D4AA1B9F |
| City Haverford | State PA | |
| Purpose of Disbursement Refund | Candidate Name | Amount of Each Disbursement this Period 2700.00 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| State: District: | Category/ Type | |

| | | |
|---|-------------------|--|
| Full Name (Last, First, Middle Initial) B. Kevin R. Johnson | | Date of Disbursement MM / DD / YYYY 06 / 01 / 2016 |
| Mailing Address 4N706 Powis Road | | Transaction ID : B13A58961782F409AB5B |
| City Wayne | State IL | |
| Purpose of Disbursement Refund | Candidate Name | Amount of Each Disbursement this Period 2700.00 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| State: District: | Category/ Type | |

| | | |
|---|-------------------|--|
| Full Name (Last, First, Middle Initial) c. Albert H. Small Sr. | | Date of Disbursement MM / DD / YYYY 06 / 09 / 2016 |
| Mailing Address 7501 Wisconsin Ave Ste 1103E | | Transaction ID : B4CF0BF9706484A839E1 |
| City Bethesda | State MD | |
| Purpose of Disbursement Refund | Candidate Name | Amount of Each Disbursement this Period 2700.00 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| State: District: | Category/ Type | |

Subtotal Of Receipts This Page (optional)..... 8100.00

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

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

PAGE 61 / 101

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

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NAME OF COMMITTEE (In Full)
Kasich for America, Inc.

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) A. Richard Blumenstein | | Date of Disbursement MM / DD / YYYY 06 / 01 / 2016 |
| Mailing Address 32400 Telegraph Road, Ste 205 | | Transaction ID : BD6E01F71A8844A84ABF |
| City Bingham Farms | State MI | |
| Purpose of Disbursement Refund | <input type="checkbox"/> | Amount of Each Disbursement this Period 2700.00 |
| Candidate Name | Category/ Type | <input type="checkbox"/> 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. Ann Elise Sauer | | Date of Disbursement MM / DD / YYYY 06 / 01 / 2016 |
| Mailing Address 6060 River Drive | | Transaction ID : BBC3B68B989F649598DB |
| City Lorton | State VA | |
| Purpose of Disbursement Refund | <input type="checkbox"/> | Amount of Each Disbursement this Period 2700.00 |
| Candidate Name | Category/ Type | <input type="checkbox"/> 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) c. Ken Langone | | Date of Disbursement MM / DD / YYYY 06 / 01 / 2016 |
| Mailing Address 375 Park Avenue | | Transaction ID : B85887EC86D73421DB5A |
| City New York | State NY | |
| Purpose of Disbursement Refund | <input type="checkbox"/> | Amount of Each Disbursement this Period 2700.00 |
| Candidate Name | Category/ Type | <input type="checkbox"/> 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: | | |

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

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

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

PAGE 62 / 101

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

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NAME OF COMMITTEE (In Full)
Kasich for America, Inc.

| | | |
|--|------------------------------|--|
| Full Name (Last, First, Middle Initial) A. Peter Karmanos | | Date of Disbursement MM / DD / YYYY 06 / 01 / 2016 |
| Mailing Address 4740 Dow Ridge Road | | Transaction ID : BF7EC1338E0A443E88C1 |
| City Orchard Lake | State MI Zip Code 48324-2327 | |
| Purpose of Disbursement Refund | Candidate Name | Amount of Each Disbursement this Period 2700.00 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| State: District: | Category/Type | |

| | | |
|--|------------------------------|--|
| Full Name (Last, First, Middle Initial) B. Sally Thomas | | Date of Disbursement MM / DD / YYYY 06 / 01 / 2016 |
| Mailing Address 230 North Cliffwood Avenue | | Transaction ID : B559954C031C743EDB7A |
| City Los Angeles | State CA Zip Code 90049-2616 | |
| Purpose of Disbursement Refund | Candidate Name | Amount of Each Disbursement this Period 300.00 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| State: District: | Category/Type | |

| | | |
|--|------------------------------|--|
| Full Name (Last, First, Middle Initial) c. Joanne Preston | | Date of Disbursement MM / DD / YYYY 06 / 01 / 2016 |
| Mailing Address 222 Chippewa Drive | | Transaction ID : BE216FA850FF94229881 |
| City New Castle | State PA Zip Code 16105-1082 | |
| Purpose of Disbursement Refund | Candidate Name | Amount of Each Disbursement this Period 600.00 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| State: District: | Category/Type | |

Subtotal Of Receipts This Page (optional)..... 3600.00

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

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

PAGE 63 / 101

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

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NAME OF COMMITTEE (In Full)
Kasich for America, Inc.

| | | |
|---|----------------|--|
| Full Name (Last, First, Middle Initial) A. Philip Geier Jr. | | Date of Disbursement MM / DD / YYYY 06 / 01 / 2016 |
| Mailing Address 70 East 55th Street, Fl 15 | | Transaction ID : BB0130064D825470AB7A |
| City New York | State NY | |
| Purpose of Disbursement Refund | Candidate Name | Amount of Each Disbursement this Period 276.00 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| State: District: | | |

| | | |
|---|----------------|--|
| Full Name (Last, First, Middle Initial) B. George Chapman | | Date of Disbursement MM / DD / YYYY 06 / 01 / 2016 |
| Mailing Address 408 East Broadway Street | | Transaction ID : BFE2A7B1288B34C1895D |
| City Maumee | State OH | |
| Purpose of Disbursement Refund | Candidate Name | Amount of Each Disbursement this Period 2700.00 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| State: District: | | |

| | | |
|---|----------------|--|
| Full Name (Last, First, Middle Initial) c. Wendell Van Auken | | Date of Disbursement MM / DD / YYYY 06 / 01 / 2016 |
| Mailing Address 30 Glen Alpine | | Transaction ID : B88B6067C1262446A9EC |
| City Danville | State CA | |
| Purpose of Disbursement Refund | Candidate Name | Amount of Each Disbursement this Period 896.00 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| State: District: | | |

Subtotal Of Receipts This Page (optional)..... 3872.00

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

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Kasich for America, Inc.

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) A. James King | | Date of Disbursement MM / DD / YYYY 06 / 06 / 2016 |
| Mailing Address 41 South High St Ste 2900 | | Transaction ID : B1A73ACEC82954384BB0 |
| City Columbus | State OH Zip Code 43215-6165 | |
| Purpose of Disbursement Refund | Category/Type | Amount of Each Disbursement this Period 400.00 |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | <input type="checkbox"/> Memo Item |
| State: District: | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) B. Robert Preston | | Date of Disbursement MM / DD / YYYY 06 / 01 / 2016 |
| Mailing Address 222 Chippewa Drive | | Transaction ID : BCF9AE745B53E4075917 |
| City New Castle | State PA Zip Code 16105-1082 | |
| Purpose of Disbursement Refund | Category/Type | Amount of Each Disbursement this Period 2700.00 |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | <input type="checkbox"/> Memo Item |
| State: District: | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) c. Kathleen A. Ackerman | | Date of Disbursement MM / DD / YYYY 06 / 01 / 2016 |
| Mailing Address 525 Forest Boulevard | | Transaction ID : B03F46660DD1E4A99AAD |
| City Indianapolis | State IN Zip Code 46240-2513 | |
| Purpose of Disbursement Refund | Category/Type | Amount of Each Disbursement this Period 2300.00 |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | <input type="checkbox"/> Memo Item |
| State: District: | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

Subtotal Of Receipts This Page (optional)..... 5400.00

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

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Kasich for America, Inc.

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) A. Mike Van Konyneburg | | Date of Disbursement MM / DD / YYYY 06 / 01 / 2016 |
| Mailing Address 13681 West Sunset Boulevard | | Transaction ID : BDBA91479DC244E608F2 |
| City Pacific Palisades | State CA | |
| Purpose of Disbursement Refund | <input type="checkbox"/> | Amount of Each Disbursement this Period 2700.00 |
| Candidate Name | Category/Type | <input type="checkbox"/> 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. Shirley Kriegel | | Date of Disbursement MM / DD / YYYY 06 / 01 / 2016 |
| Mailing Address 115 Hawthorne Drive | | Transaction ID : B412C3C5EED374AC0B71 |
| City Lima | State OH | |
| Purpose of Disbursement Refund | <input type="checkbox"/> | Amount of Each Disbursement this Period 2700.00 |
| Candidate Name | Category/Type | <input type="checkbox"/> 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) c. Charles Bonney | | Date of Disbursement MM / DD / YYYY 06 / 01 / 2016 |
| Mailing Address 21 Lockman Cir | | Transaction ID : B7BF39E85210544208EA |
| City Elgin | State IL | |
| Purpose of Disbursement Refund | <input type="checkbox"/> | Amount of Each Disbursement this Period 2700.00 |
| Candidate Name | Category/Type | <input type="checkbox"/> 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: | | |

Subtotal Of Receipts This Page (optional)..... 8100.00

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

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Kasich for America, Inc.

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) A. John A. Mayer Jr. | | Date of Disbursement MM / DD / YYYY 06 / 01 / 2016 |
| Mailing Address 7 Upland Drive | | Transaction ID : B7D605F041D664127A18 |
| City Greenwich | State CT | |
| Purpose of Disbursement Refund | <input type="checkbox"/> | Amount of Each Disbursement this Period 1700.00 |
| Candidate Name | Category/ Type | <input type="checkbox"/> 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. Ari Fisher | | Date of Disbursement MM / DD / YYYY 06 / 01 / 2016 |
| Mailing Address 154 West Hubbard Street, Unit 302 | | Transaction ID : BDE5152C0F0B44D21946 |
| City Chicago | State IL | |
| Purpose of Disbursement Refund | <input type="checkbox"/> | Amount of Each Disbursement this Period 2700.00 |
| Candidate Name | Category/ Type | <input type="checkbox"/> 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) c. Mary E. Fox | | Date of Disbursement MM / DD / YYYY 06 / 01 / 2016 |
| Mailing Address 14751 Quito Road | | Transaction ID : B6CEA6C343EA74AB58A1 |
| City Saratoga | State CA | |
| Purpose of Disbursement Refund | <input type="checkbox"/> | Amount of Each Disbursement this Period 2550.00 |
| Candidate Name | Category/ Type | <input type="checkbox"/> 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: | | |

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

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

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

PAGE 67 / 101

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

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NAME OF COMMITTEE (In Full)
Kasich for America, Inc.

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) A. Alan Kimbell | | Date of Disbursement MM / DD / YYYY 06 / 01 / 2016 |
| Mailing Address 5555 North Tacoma Avenue, Ste 205 | | Transaction ID : BF30FDBE9223E4900ADC |
| City Indianapolis | State IN Zip Code 46220-3547 | |
| Purpose of Disbursement Refund | <input type="checkbox"/> | Amount of Each Disbursement this Period 2700.00 |
| Candidate Name | Category/Type | <input type="checkbox"/> 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. Michael Fux | | Date of Disbursement MM / DD / YYYY 06 / 01 / 2016 |
| Mailing Address 1 North Fort Lauderdale Beach Boul | | Transaction ID : B04A50A673EFD466394E |
| City Fort Lauderdale | State FL Zip Code 33304-4574 | |
| Purpose of Disbursement Refund | <input type="checkbox"/> | Amount of Each Disbursement this Period 2700.00 |
| Candidate Name | Category/Type | <input type="checkbox"/> 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) c. Jeffrey I. Friedman | | Date of Disbursement MM / DD / YYYY 06 / 01 / 2016 |
| Mailing Address 540 Lost Key Drive | | Transaction ID : BBCD4E9C734D349AEB35 |
| City Pensacola | State FL Zip Code 32507-9694 | |
| Purpose of Disbursement Refund | <input type="checkbox"/> | Amount of Each Disbursement this Period 2700.00 |
| Candidate Name | Category/Type | <input type="checkbox"/> 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: | | |

Subtotal Of Receipts This Page (optional)..... 8100.00

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

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

PAGE 68 / 101

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

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NAME OF COMMITTEE (In Full)
Kasich for America, Inc.

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) A. James Evans | | Date of Disbursement MM / DD / YYYY 06 / 01 / 2016 |
| Mailing Address 2295 Grandin Rd | | Transaction ID : BF644685D61074C6EADF |
| City Cincinnati | State OH Zip Code 45208-3309 | |
| Purpose of Disbursement Refund | Candidate Name | Amount of Each Disbursement this Period 2700.00 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <input type="checkbox"/> Memo Item |
| State: District: | Category/Type | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) B. Edward G. Fey | | Date of Disbursement MM / DD / YYYY 06 / 01 / 2016 |
| Mailing Address 66 Commonwealth Avenue | | Transaction ID : BFA58C2C79C7D464293F |
| City Boston | State MA Zip Code 02116-3049 | |
| Purpose of Disbursement Refund | Candidate Name | Amount of Each Disbursement this Period 2700.00 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <input type="checkbox"/> Memo Item |
| State: District: | Category/Type | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) c. Jane Walentas | | Date of Disbursement MM / DD / YYYY 06 / 01 / 2016 |
| Mailing Address 45 Main Street, Ste 602 | | Transaction ID : B82A25160AAD941B9B96 |
| City Brooklyn | State NY Zip Code 11201-1099 | |
| Purpose of Disbursement Refund | Candidate Name | Amount of Each Disbursement this Period 2700.00 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <input type="checkbox"/> Memo Item |
| State: District: | Category/Type | |

Subtotal Of Receipts This Page (optional)..... 8100.00

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

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

PAGE 69 / 101

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

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NAME OF COMMITTEE (In Full)
Kasich for America, Inc.

| | | |
|--|------------------------------|--|
| Full Name (Last, First, Middle Initial) A. Jonathon S. Jacobson | | Date of Disbursement MM / DD / YYYY 06 / 01 / 2016 |
| Mailing Address 96 Beacon Street | | Transaction ID : BE0955851C1564236BDF |
| City Boston | State MA Zip Code 02108-3342 | |
| Purpose of Disbursement Refund | Candidate Name | Amount of Each Disbursement this Period 2700.00 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| State: District: | Category/Type | |

| | | |
|--|------------------------------|--|
| Full Name (Last, First, Middle Initial) B. Raymond Cetrone | | Date of Disbursement MM / DD / YYYY 06 / 01 / 2016 |
| Mailing Address 2220 Coit Road, Ste 480 | | Transaction ID : BFA25C7E8E73D4812946 |
| City Plano | State TX Zip Code 75075-3762 | |
| Purpose of Disbursement Refund | Candidate Name | Amount of Each Disbursement this Period 216.00 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| State: District: | Category/Type | |

| | | |
|--|------------------------------|--|
| Full Name (Last, First, Middle Initial) c. Douglas Vetter | | Date of Disbursement MM / DD / YYYY 06 / 01 / 2016 |
| Mailing Address 19303 Chablis Court | | Transaction ID : B67DC8C17264A401EB97 |
| City Saratoga | State CA Zip Code 95070-6103 | |
| Purpose of Disbursement Refund | Candidate Name | Amount of Each Disbursement this Period 2700.00 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| State: District: | Category/Type | |

Subtotal Of Receipts This Page (optional)..... 5616.00

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

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

PAGE 70 / 101

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

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NAME OF COMMITTEE (In Full)
Kasich for America, Inc.

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) A. Geoffrey T. Boisi | | Date of Disbursement MM / DD / YYYY 06 / 01 / 2016 |
| Mailing Address 280 Park Avenue, Fl 23 | | Transaction ID : B0E2F369DCFB8433E8DE |
| City New York | State NY | |
| Purpose of Disbursement Refund | <input type="checkbox"/> | Amount of Each Disbursement this Period 2700.00 |
| Candidate Name | Category/ Type | <input type="checkbox"/> 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. Darla Albert | | Date of Disbursement MM / DD / YYYY 06 / 01 / 2016 |
| Mailing Address 9911 Logan Drive | | Transaction ID : B41DD9123C6974F6E86B |
| City Potomac | State MD | |
| Purpose of Disbursement Refund | <input type="checkbox"/> | Amount of Each Disbursement this Period 1000.00 |
| Candidate Name | Category/ Type | <input type="checkbox"/> 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) c. Howard Hanna | | Date of Disbursement MM / DD / YYYY 06 / 01 / 2016 |
| Mailing Address 119 Gamma Drive | | Transaction ID : BF5E9F0B43C35493FAE5 |
| City Pittsburgh | State PA | |
| Purpose of Disbursement Refund | <input type="checkbox"/> | Amount of Each Disbursement this Period 1000.00 |
| Candidate Name | Category/ Type | <input type="checkbox"/> 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: | | |

Subtotal Of Receipts This Page (optional)..... 4700.00

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

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

PAGE 71 / 101

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

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NAME OF COMMITTEE (In Full)
Kasich for America, Inc.

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) A. Grace Fey | | Date of Disbursement MM / DD / YYYY 06 / 01 / 2016 |
| Mailing Address 66 Commonwealth Avenue | | Transaction ID : B59C2BCA6482B4A43837 |
| City Boston | State MA | |
| Zip Code 02116-3049 | Purpose of Disbursement Refund | Amount of Each Disbursement this Period 2700.00 |
| Candidate Name | Category/Type | <input type="checkbox"/> 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. Karl J. Krapek | | Date of Disbursement MM / DD / YYYY 06 / 01 / 2016 |
| Mailing Address 11 Pembroke Dr | | Transaction ID : B19FA0953D7104550A98 |
| City Avon | State CT | |
| Zip Code 06001-3970 | Purpose of Disbursement Refund | Amount of Each Disbursement this Period 2700.00 |
| Candidate Name | Category/Type | <input type="checkbox"/> 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) c. Jamee Field | | Date of Disbursement MM / DD / YYYY 06 / 01 / 2016 |
| Mailing Address 342 South Beach Road | | Transaction ID : B83612FD888544AF3B8D |
| City Hobe Sound | State FL | |
| Zip Code 33455-2607 | Purpose of Disbursement Refund | Amount of Each Disbursement this Period 1300.00 |
| Candidate Name | Category/Type | <input type="checkbox"/> 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: | | |

Subtotal Of Receipts This Page (optional)..... 6700.00

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

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Kasich for America, Inc.

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) A. Jonda McFarlane | | Date of Disbursement MM / DD / YYYY 06 / 01 / 2016 |
| Mailing Address 2700 Virginia Avenue NW, # 901 | | Transaction ID : B44F6E174E6BB49E895F |
| City Washington | State DC | |
| Purpose of Disbursement Refund | <input type="checkbox"/> | Amount of Each Disbursement this Period 1100.00 |
| Candidate Name | Category/ Type | <input type="checkbox"/> 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. Thomas Kedrowski | | Date of Disbursement MM / DD / YYYY 06 / 01 / 2016 |
| Mailing Address 23855 West Rim Drive | | Transaction ID : B3ED3A6C6BA8F4590888 |
| City Columbia Station | State OH | |
| Purpose of Disbursement Refund | <input type="checkbox"/> | Amount of Each Disbursement this Period 250.00 |
| Candidate Name | Category/ Type | <input type="checkbox"/> 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) c. Leon M. Wagner | | Date of Disbursement MM / DD / YYYY 06 / 01 / 2016 |
| Mailing Address 19101 Mystic Pointe Drive, Apt 291 | | Transaction ID : B1DFD19CFF3D844A09E8 |
| City Aventura | State FL | |
| Purpose of Disbursement Refund | <input type="checkbox"/> | Amount of Each Disbursement this Period 2300.00 |
| Candidate Name | Category/ Type | <input type="checkbox"/> 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: | | |

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

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

SCHEDULE B-P ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 73 / 101

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

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NAME OF COMMITTEE (In Full)
Kasich for America, Inc.

| | | |
|---|----------------|--|
| Full Name (Last, First, Middle Initial) A. Jennifer Fox | | Date of Disbursement MM / DD / YYYY 06 / 01 / 2016 |
| Mailing Address 1238 South Orange Avenue | | Transaction ID : B56D4329EA99B4D4BB36 |
| City Sarasota | State FL | |
| Purpose of Disbursement Refund | Candidate Name | Amount of Each Disbursement this Period 2700.00 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| State: District: | | |

| | | |
|---|----------------|--|
| Full Name (Last, First, Middle Initial) B. William E. Flaherty II | | Date of Disbursement MM / DD / YYYY 06 / 01 / 2016 |
| Mailing Address 505 South Flagler Drive, Ste 900 | | Transaction ID : BE088159B325449ADB59 |
| City West Palm Beach | State FL | |
| Purpose of Disbursement Refund | Candidate Name | Amount of Each Disbursement this Period 2700.00 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| State: District: | | |

| | | |
|---|----------------|--|
| Full Name (Last, First, Middle Initial) c. Jenny Camper | | Date of Disbursement MM / DD / YYYY 06 / 01 / 2016 |
| Mailing Address 90 West Hubbard Avenue | | Transaction ID : B0B724A3E412A43578C5 |
| City Columbus | State OH | |
| Purpose of Disbursement Refund | Candidate Name | Amount of Each Disbursement this Period 1800.00 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| State: District: | | |

Subtotal Of Receipts This Page (optional)..... → 7200.00

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

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Kasich for America, Inc.

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) A. Sherry Ahern | | Date of Disbursement MM / DD / YYYY 06 / 01 / 2016 |
| Mailing Address 9465 Customhouse Plz | | Transaction ID : B656A00D770214AAD9FA |
| City San Diego | State CA | |
| Purpose of Disbursement Refund | Category/Type | Amount of Each Disbursement this Period 1900.00 |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | <input type="checkbox"/> Memo Item |
| State: District: | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) B. John Lillard | | Date of Disbursement MM / DD / YYYY 06 / 01 / 2016 |
| Mailing Address 1340 North Waukegan Road | | Transaction ID : BED567544B84E4A33B8A |
| City Lake Forest | State IL | |
| Purpose of Disbursement Refund | Category/Type | Amount of Each Disbursement this Period 3600.00 |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | <input type="checkbox"/> Memo Item |
| State: District: | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) c. James Emery | | Date of Disbursement MM / DD / YYYY 06 / 01 / 2016 |
| Mailing Address 200 West Sahara Avenue, Unit 3208 | | Transaction ID : BC8119C7F0560404994A |
| City Las Vegas | State NV | |
| Purpose of Disbursement Refund | Category/Type | Amount of Each Disbursement this Period 300.00 |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | <input type="checkbox"/> Memo Item |
| State: District: | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | |
|---|---------|
| Subtotal Of Receipts This Page (optional)..... | 5800.00 |
| Total This Period (last page this line number only)..... | |

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Kasich for America, Inc.

| | | |
|---|----------------|--|
| Full Name (Last, First, Middle Initial) A. James F. Dicke II | | Date of Disbursement MM / DD / YYYY 06 / 01 / 2016 |
| Mailing Address 422 Easthaven Drive | | Transaction ID : BD95A2680C32B4069B9E |
| City New Bremen | State OH | |
| Purpose of Disbursement Refund | Candidate Name | Amount of Each Disbursement this Period 2700.00 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| State: District: | | |

| | | |
|---|----------------|--|
| Full Name (Last, First, Middle Initial) B. Gary Boigon | | Date of Disbursement MM / DD / YYYY 06 / 01 / 2016 |
| Mailing Address 42 Crawford Road | | Transaction ID : B406689452CF3401E8D1 |
| City Harrison | State NY | |
| Purpose of Disbursement Refund | Candidate Name | Amount of Each Disbursement this Period 1000.00 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| State: District: | | |

| | | |
|---|----------------|--|
| Full Name (Last, First, Middle Initial) c. Tina Lundgren | | Date of Disbursement MM / DD / YYYY 06 / 01 / 2016 |
| Mailing Address 650 Park Ave | | Transaction ID : B87988ECBCAEB48CC97B |
| City New York | State NY | |
| Purpose of Disbursement Refund | Candidate Name | Amount of Each Disbursement this Period 1000.00 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| State: District: | | |

Subtotal Of Receipts This Page (optional)..... 4700.00

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

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

PAGE 76 / 101

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

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NAME OF COMMITTEE (In Full)
Kasich for America, Inc.

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) A. Tanny Crane | | Date of Disbursement MM / DD / YYYY 06 / 01 / 2016 |
| Mailing Address 3600 Kitzmiller Road | | Transaction ID : B1107389D875246158AA |
| City New Albany | State OH | |
| Purpose of Disbursement Refund | <input type="checkbox"/> | Amount of Each Disbursement this Period 2500.00 |
| Candidate Name | Category/ Type | <input type="checkbox"/> 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. John English | | Date of Disbursement MM / DD / YYYY 06 / 01 / 2016 |
| Mailing Address 2347 South Pierce Street | | Transaction ID : BCA9C6D7981D64E2D851 |
| City Arlington | State VA | |
| Purpose of Disbursement Refund | <input type="checkbox"/> | Amount of Each Disbursement this Period 250.00 |
| Candidate Name | Category/ Type | <input type="checkbox"/> 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) c. Richard V. Allen | | Date of Disbursement MM / DD / YYYY 06 / 01 / 2016 |
| Mailing Address 2400 East Cherry Creek South Drive | | Transaction ID : B3635FC0E28444B35BDD |
| City Denver | State CO | |
| Purpose of Disbursement Refund | <input type="checkbox"/> | Amount of Each Disbursement this Period 2700.00 |
| Candidate Name | Category/ Type | <input type="checkbox"/> 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: | | |

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

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

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

PAGE 77 / 101

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

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NAME OF COMMITTEE (In Full)
Kasich for America, Inc.

| | | |
|--|------------------------------|--|
| Full Name (Last, First, Middle Initial) A. Michael Valentine | | Date of Disbursement MM / DD / YYYY 06 / 01 / 2016 |
| Mailing Address 1861 Dexter Avenue | | Transaction ID : B3EC7A7532D344F46ADE |
| City Cincinnati | State OH Zip Code 45206-1459 | |
| Purpose of Disbursement Refund | Candidate Name | Amount of Each Disbursement this Period 2700.00 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| State: District: | Category/Type | |

| | | |
|--|------------------------------|--|
| Full Name (Last, First, Middle Initial) B. Kayla Sandridge | | Date of Disbursement MM / DD / YYYY 06 / 01 / 2016 |
| Mailing Address 938 Croghan Way | | Transaction ID : B62F1009A8ED3406FB64 |
| City Copley | State OH Zip Code 44321-3147 | |
| Purpose of Disbursement Refund | Candidate Name | Amount of Each Disbursement this Period 2300.00 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| State: District: | Category/Type | |

| | | |
|--|------------------------------|--|
| Full Name (Last, First, Middle Initial) c. Michael Solomon | | Date of Disbursement MM / DD / YYYY 06 / 01 / 2016 |
| Mailing Address 663 Dodds Lane | | Transaction ID : B34D05103CF05427389F |
| City Gladwyne | State PA Zip Code 19035-1514 | |
| Purpose of Disbursement Refund | Candidate Name | Amount of Each Disbursement this Period 2700.00 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| State: District: | Category/Type | |

Subtotal Of Receipts This Page (optional)..... 7700.00

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

SCHEDULE B-P ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Kasich for America, Inc.

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) A. Don T. Zaunbrecher | | Date of Disbursement MM / DD / YYYY 06 / 01 / 2016 |
| Mailing Address 3 Stanley Lane | | Transaction ID : B0449C359BEC44DC4AB4 |
| City Cincinnati | State OH Zip Code 45226-1110 | |
| Purpose of Disbursement Refund | Candidate Name | Amount of Each Disbursement this Period 1000.00 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <input type="checkbox"/> Memo Item |
| State: District: | Category/Type | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) B. Jennifer L. Fisher | | Date of Disbursement MM / DD / YYYY 06 / 01 / 2016 |
| Mailing Address 1413 North Paulina Street, Unit 1 | | Transaction ID : B2045EDBEBA5445CA9CD |
| City Chicago | State IL Zip Code 60622-2119 | |
| Purpose of Disbursement Refund | Candidate Name | Amount of Each Disbursement this Period 2700.00 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <input type="checkbox"/> Memo Item |
| State: District: | Category/Type | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) c. Jeff Lykins | | Date of Disbursement MM / DD / YYYY 06 / 01 / 2016 |
| Mailing Address 5163 Wolfpen Pleasant Hill Road | | Transaction ID : BF579DADBA25541F3A0D |
| City Milford | State OH Zip Code 45150-9632 | |
| Purpose of Disbursement Refund | Candidate Name | Amount of Each Disbursement this Period 2500.00 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <input type="checkbox"/> Memo Item |
| State: District: | Category/Type | |

Subtotal Of Receipts This Page (optional)..... **6200.00**

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

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

PAGE 79 / 101

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

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NAME OF COMMITTEE (In Full)
Kasich for America, Inc.

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) A. Melvyn N. Klein | | Date of Disbursement MM / DD / YYYY 06 / 01 / 2016 |
| Mailing Address 210 Jackson Place | | Transaction ID : BDB29A45BAEEC4546AE3 |
| City Corpus Christi | State TX | |
| Purpose of Disbursement Refund | <input type="checkbox"/> | Amount of Each Disbursement this Period 2700.00 |
| Candidate Name | Category/ Type | <input type="checkbox"/> 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. William Orgel | | Date of Disbursement MM / DD / YYYY 06 / 01 / 2016 |
| Mailing Address 6415 Ronald Road | | Transaction ID : B0E0E589CE32345648B2 |
| City Memphis | State TN | |
| Purpose of Disbursement Refund | <input type="checkbox"/> | Amount of Each Disbursement this Period 1000.00 |
| Candidate Name | Category/ Type | <input type="checkbox"/> 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) c. Edgar Schollmaier | | Date of Disbursement MM / DD / YYYY 06 / 01 / 2016 |
| Mailing Address 2501 Museum Way, Apt 823 | | Transaction ID : B2E7608E801F54D56ACD |
| City Fort Worth | State TX | |
| Purpose of Disbursement Refund | <input type="checkbox"/> | Amount of Each Disbursement this Period 2700.00 |
| Candidate Name | Category/ Type | <input type="checkbox"/> 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: | | |

Subtotal Of Receipts This Page (optional)..... 6400.00

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

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Kasich for America, Inc.

| | | |
|---|----------------|--|
| Full Name (Last, First, Middle Initial) A. Robert Marshall | | Date of Disbursement MM / DD / YYYY 06 / 01 / 2016 |
| Mailing Address 2 Jack Rabbit Place | | Transaction ID : BEE7402AC6775410A8FC |
| City Highlands Ranch | State CO | |
| Purpose of Disbursement Refund | Candidate Name | Amount of Each Disbursement this Period 500.00 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| State: District: | | |

| | | |
|---|----------------|--|
| Full Name (Last, First, Middle Initial) B. Laura Mutz | | Date of Disbursement MM / DD / YYYY 06 / 01 / 2016 |
| Mailing Address 200 West Monroe Street, Ste 2200 | | Transaction ID : BF137CC3EE1BB4E2AB18 |
| City Chicago | State IL | |
| Purpose of Disbursement Refund | Candidate Name | Amount of Each Disbursement this Period 2700.00 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| State: District: | | |

| | | |
|---|----------------|--|
| Full Name (Last, First, Middle Initial) c. William Strong | | Date of Disbursement MM / DD / YYYY 06 / 01 / 2016 |
| Mailing Address 150 North Michigan Avenue, Ste 28 | | Transaction ID : B28332194697F464D8B1 |
| City Chicago | State IL | |
| Purpose of Disbursement Refund | Candidate Name | Amount of Each Disbursement this Period 2700.00 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| State: District: | | |

| | |
|---|---------|
| Subtotal Of Receipts This Page (optional)..... | 5900.00 |
| Total This Period (last page this line number only)..... | |

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

PAGE 81 / 101

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

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NAME OF COMMITTEE (In Full)
Kasich for America, Inc.

| | | |
|--|----------------|--|
| Full Name (Last, First, Middle Initial) A. Steven Erlbaum | | Date of Disbursement MM / DD / YYYY 06 / 01 / 2016 |
| Mailing Address 124 Sibley Avenue | | Transaction ID : B57ADC38EDD6F4EE2990 |
| City Ardmore | State PA | |
| Purpose of Disbursement Refund | Candidate Name | Amount of Each Disbursement this Period 2700.00 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| State: District: | Category/Type | |

| | | |
|--|----------------|--|
| Full Name (Last, First, Middle Initial) B. J. C. Thompson | | Date of Disbursement MM / DD / YYYY 06 / 01 / 2016 |
| Mailing Address 300 Hot Springs Road | | Transaction ID : BD72C7734F24B4C1B92B |
| City Santa Barbara | State CA | |
| Purpose of Disbursement Refund | Candidate Name | Amount of Each Disbursement this Period 2400.00 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| State: District: | Category/Type | |

| | | |
|--|----------------|--|
| Full Name (Last, First, Middle Initial) c. Larry Fox | | Date of Disbursement MM / DD / YYYY 06 / 01 / 2016 |
| Mailing Address 1238 South Orange Avenue | | Transaction ID : B0735A05D29C64B5E91E |
| City Sarasota | State FL | |
| Purpose of Disbursement Refund | Candidate Name | Amount of Each Disbursement this Period 2700.00 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| State: District: | Category/Type | |

| | |
|---|---------|
| Subtotal Of Receipts This Page (optional)..... | 7800.00 |
| Total This Period (last page this line number only)..... | |

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

PAGE 82 / 101

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

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NAME OF COMMITTEE (In Full)
Kasich for America, Inc.

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) A. Lorrence Kellar | | Date of Disbursement MM / DD / YYYY 06 / 01 / 2016 |
| Mailing Address 2615 Grandin Road | | Transaction ID : B56FC2196402B4B8283B |
| City Cincinnati | State OH Zip Code 45208-3433 | |
| Purpose of Disbursement Refund | <input type="checkbox"/> | Amount of Each Disbursement this Period 2700.00 |
| Candidate Name | Category/Type | <input type="checkbox"/> 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. Anne C. Kimbell | | Date of Disbursement MM / DD / YYYY 06 / 01 / 2016 |
| Mailing Address 5802 North Pennsylvania Street | | Transaction ID : BDE4734FECA014F2E8D4 |
| City Indianapolis | State IN Zip Code 46220-2539 | |
| Purpose of Disbursement Refund | <input type="checkbox"/> | Amount of Each Disbursement this Period 2700.00 |
| Candidate Name | Category/Type | <input type="checkbox"/> 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) c. Dan M. Moody Jr. | | Date of Disbursement MM / DD / YYYY 06 / 01 / 2016 |
| Mailing Address 3003 West Alabama Street | | Transaction ID : B554AC4912A3340D5A95 |
| City Houston | State TX Zip Code 77098-2001 | |
| Purpose of Disbursement Refund | <input type="checkbox"/> | Amount of Each Disbursement this Period 1000.00 |
| Candidate Name | Category/Type | <input type="checkbox"/> 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: | | |

Subtotal Of Receipts This Page (optional)..... 6400.00

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

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Kasich for America, Inc.

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) A. Jerry Perenchio | | Date of Disbursement MM / DD / YYYY 06 / 01 / 2016 |
| Mailing Address 1999 Avenue of the Stars, Ste 3050 | | Transaction ID : B58DCCF10FCA94664AD8 |
| City Los Angeles | State CA | |
| Purpose of Disbursement Refund | Category/Type | Amount of Each Disbursement this Period 2700.00 |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | <input type="checkbox"/> Memo Item |
| State: District: | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) B. Bobby Rahal | | Date of Disbursement MM / DD / YYYY 06 / 01 / 2016 |
| Mailing Address 1905 North Burling Street | | Transaction ID : BC2F93DBDCF504FF4937 |
| City Chicago | State IL | |
| Purpose of Disbursement Refund | Category/Type | Amount of Each Disbursement this Period 500.00 |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | <input type="checkbox"/> Memo Item |
| State: District: | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) c. Dick Farmer | | Date of Disbursement MM / DD / YYYY 06 / 01 / 2016 |
| Mailing Address 8525 Fox Cub Lane | | Transaction ID : BBD07DB3D43C64FEE863 |
| City Cincinnati | State OH | |
| Purpose of Disbursement Refund | Category/Type | Amount of Each Disbursement this Period 2700.00 |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | <input type="checkbox"/> Memo Item |
| State: District: | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

Subtotal Of Receipts This Page (optional)..... 5900.00

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

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Kasich for America, Inc.

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) A. Bob Sebo | | Date of Disbursement MM / DD / YYYY 06 / 01 / 2016 |
| Mailing Address 1790 Quaker Lane | | Transaction ID : B5CD6BD2BBCA14F21975 |
| City Salem | State OH | |
| Purpose of Disbursement Refund | Candidate Name | Amount of Each Disbursement this Period 250.00 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <input type="checkbox"/> Memo Item |
| State: District: | Category/ Type | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) B. Gregory Chappel | | Date of Disbursement MM / DD / YYYY 06 / 01 / 2016 |
| Mailing Address 40652 Saddleback Road | | Transaction ID : B728101BCF7E54067971 |
| City Bass Lake | State CA | |
| Purpose of Disbursement Refund | Candidate Name | Amount of Each Disbursement this Period 458.00 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <input type="checkbox"/> Memo Item |
| State: District: | Category/ Type | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) c. Karen Holzman | | Date of Disbursement MM / DD / YYYY 06 / 01 / 2016 |
| Mailing Address 3305 South Moorings Way | | Transaction ID : BBABFBEF059EC4BAE8D7 |
| City Miami | State FL | |
| Purpose of Disbursement Refund | Candidate Name | Amount of Each Disbursement this Period 2700.00 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <input type="checkbox"/> Memo Item |
| State: District: | Category/ Type | |

Subtotal Of Receipts This Page (optional)..... 3408.00

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

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Kasich for America, Inc.

| | | |
|--|------------------------------|--|
| Full Name (Last, First, Middle Initial) A. Barbara Trueman | | Date of Disbursement MM / DD / YYYY 06 / 01 / 2016 |
| Mailing Address 5490 Hayden Run Road | | Transaction ID : BE33354040A204F5D9D6 |
| City Hilliard | State OH Zip Code 43026-7789 | |
| Purpose of Disbursement Refund | Candidate Name | Amount of Each Disbursement this Period 2300.00 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| State: District: | Category/Type | |

| | | |
|--|------------------------------|--|
| Full Name (Last, First, Middle Initial) B. Richard S. Pepper | | Date of Disbursement MM / DD / YYYY 06 / 01 / 2016 |
| Mailing Address 78 Dundee Lane | | Transaction ID : BEC36A48EAF93447DA86 |
| City Barrington | State IL Zip Code 60010-5106 | |
| Purpose of Disbursement Refund | Candidate Name | Amount of Each Disbursement this Period 300.00 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| State: District: | Category/Type | |

| | | |
|--|------------------------------|--|
| Full Name (Last, First, Middle Initial) c. Kristine Moran | | Date of Disbursement MM / DD / YYYY 06 / 01 / 2016 |
| Mailing Address 251 Bristol Street | | Transaction ID : BCC19163AD3B741A5AF2 |
| City Northfield | State IL Zip Code 60093-3216 | |
| Purpose of Disbursement Refund | Candidate Name | Amount of Each Disbursement this Period 2700.00 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| State: District: | Category/Type | |

Subtotal Of Receipts This Page (optional)..... 5300.00

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

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Kasich for America, Inc.

| | | |
|---|----------------|--|
| Full Name (Last, First, Middle Initial) A. John C. Oliver III | | Date of Disbursement MM / DD / YYYY 06 / 01 / 2016 |
| Mailing Address 535 Smithfield Street | | Transaction ID : B693E3BF115784D74ADE |
| City Pittsburgh | State PA | |
| Purpose of Disbursement Refund | Candidate Name | Amount of Each Disbursement this Period 300.00 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| State: _____ District: _____ | | |

| | | |
|---|----------------|--|
| Full Name (Last, First, Middle Initial) B. Dorothy S. Teater | | Date of Disbursement MM / DD / YYYY 06 / 01 / 2016 |
| Mailing Address 3272 Cleeve HI | | Transaction ID : B4D568243ED624823B30 |
| City Dublin | State OH | |
| Purpose of Disbursement Refund | Candidate Name | Amount of Each Disbursement this Period 1000.00 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| State: _____ District: _____ | | |

| | | |
|---|----------------|--|
| Full Name (Last, First, Middle Initial) c. Margaret Valentine | | Date of Disbursement MM / DD / YYYY 06 / 01 / 2016 |
| Mailing Address 1861 Dexter Avenue | | Transaction ID : B71A3383EBD4044D3B82 |
| City Cincinnati | State OH | |
| Purpose of Disbursement Refund | Candidate Name | Amount of Each Disbursement this Period 2700.00 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| State: _____ District: _____ | | |

Subtotal Of Receipts This Page (optional)..... 4000.00

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

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Kasich for America, Inc.

| | | |
|---|---|--|
| Full Name (Last, First, Middle Initial) A. Meredith R. Ferguson | | Date of Disbursement MM / DD / YYYY 06 / 01 / 2016 |
| Mailing Address 3196 Napa Boulevard | | Transaction ID : B8B527625E3C64F54A33 |
| City Avon | State OH Zip Code 44011-4551 | |
| Purpose of Disbursement Refund | Category/Type | Amount of Each Disbursement this Period 2700.00 |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | <input type="checkbox"/> Memo Item |
| 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. Andrew A. Dunn | | Date of Disbursement MM / DD / YYYY 06 / 01 / 2016 |
| Mailing Address 266 Preston Road | | Transaction ID : B501856A6400E4879820 |
| City Columbus | State OH Zip Code 43209-1655 | |
| Purpose of Disbursement Refund | Category/Type | Amount of Each Disbursement this Period 500.00 |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | <input type="checkbox"/> Memo Item |
| Disbursement For: 2016 | <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: District: | | |

| | | |
|---|---|--|
| Full Name (Last, First, Middle Initial) c. Linda Kohlhepp | | Date of Disbursement MM / DD / YYYY 06 / 01 / 2016 |
| Mailing Address 100 West Rivercenter Boulevard, Ph | | Transaction ID : BBC921637DF3E4C8DAF5 |
| City Covington | State KY Zip Code 41011-5816 | |
| Purpose of Disbursement Refund | Category/Type | Amount of Each Disbursement this Period 2700.00 |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | <input type="checkbox"/> Memo Item |
| 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)..... → 5900.00

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

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Kasich for America, Inc.

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) A. Stanley S. Hubbard | | Date of Disbursement MM / DD / YYYY 06 / 01 / 2016 |
| Mailing Address 3415 University Avenue West | | Transaction ID : B4B91E3B8493044D09D3 |
| City Saint Paul | State MN | |
| Purpose of Disbursement Refund | <input type="checkbox"/> | Amount of Each Disbursement this Period 2700.00 |
| Candidate Name | Category/ Type | <input type="checkbox"/> 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. Marvin Robon | | Date of Disbursement MM / DD / YYYY 06 / 01 / 2016 |
| Mailing Address 1701 Woodlands Drive | | Transaction ID : BBE7C626873EC49CCA32 |
| City Maumee | State OH | |
| Purpose of Disbursement Refund | <input type="checkbox"/> | Amount of Each Disbursement this Period 800.00 |
| Candidate Name | Category/ Type | <input type="checkbox"/> 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) c. Paul Geary | | Date of Disbursement MM / DD / YYYY 06 / 01 / 2016 |
| Mailing Address 17 Bridle Path Lane | | Transaction ID : B4F2FEFC5718741C39BF |
| City Chadds Ford | State PA | |
| Purpose of Disbursement Refund | <input type="checkbox"/> | Amount of Each Disbursement this Period 1000.00 |
| Candidate Name | Category/ Type | <input type="checkbox"/> 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: | | |

Subtotal Of Receipts This Page (optional)..... 4500.00

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

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Kasich for America, Inc.

| | | |
|---|----------------|--|
| Full Name (Last, First, Middle Initial) A. Carl Ring | | Date of Disbursement MM / DD / YYYY 06 / 01 / 2016 |
| Mailing Address Post Office Box 570 | | Transaction ID : B4E90F0E5DABC466EA63 |
| City Oakland | State TN | |
| Purpose of Disbursement Refund | Candidate Name | Amount of Each Disbursement this Period 2300.00 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| State: District: | | |

| | | |
|---|----------------|--|
| Full Name (Last, First, Middle Initial) B. Pat Gallagher | | Date of Disbursement MM / DD / YYYY 06 / 01 / 2016 |
| Mailing Address 1 Pgt Way | | Transaction ID : B5D09409E0BAA4E7DA58 |
| City Monaca | State PA | |
| Purpose of Disbursement Refund | Candidate Name | Amount of Each Disbursement this Period 2700.00 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| State: District: | | |

| | | |
|---|----------------|--|
| Full Name (Last, First, Middle Initial) c. James A. Haslam III | | Date of Disbursement MM / DD / YYYY 06 / 01 / 2016 |
| Mailing Address Post Office Box 10528 | | Transaction ID : B8081AED52F95436FA46 |
| City Knoxville | State TN | |
| Purpose of Disbursement Refund | Candidate Name | Amount of Each Disbursement this Period 2700.00 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| State: District: | | |

Subtotal Of Receipts This Page (optional)..... 7700.00

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

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

PAGE 90 / 101

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

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NAME OF COMMITTEE (In Full)
Kasich for America, Inc.

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) A. Buss Ransom | | Date of Disbursement MM / DD / YYYY 06 / 01 / 2016 |
| Mailing Address 2000 Aladdin Woods Court | | Transaction ID : B67C3E49413924AAAAC6 |
| City Columbus | State OH Zip Code 43212-3272 | |
| Purpose of Disbursement Refund | Category/Type | Amount of Each Disbursement this Period 1000.00 |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | <input type="checkbox"/> Memo Item |
| State: District: | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) B. Kourtney Gendron | | Date of Disbursement MM / DD / YYYY 06 / 01 / 2016 |
| Mailing Address 1718 M Street NW | | Transaction ID : BD44E0097EAB84A65B1F |
| City Washington | State DC Zip Code 20036-4504 | |
| Purpose of Disbursement Refund | Category/Type | Amount of Each Disbursement this Period 2300.00 |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | <input type="checkbox"/> Memo Item |
| State: District: | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) c. Sue Timken | | Date of Disbursement MM / DD / YYYY 06 / 01 / 2016 |
| Mailing Address 2321 Brentwood Road NW | | Transaction ID : BE3FBAE4586404F3F85E |
| City Canton | State OH Zip Code 44708-1301 | |
| Purpose of Disbursement Refund | Category/Type | Amount of Each Disbursement this Period 2700.00 |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | <input type="checkbox"/> Memo Item |
| State: District: | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | |
|---|---------|
| Subtotal Of Receipts This Page (optional)..... | 6000.00 |
| Total This Period (last page this line number only)..... | |

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Kasich for America, Inc.

| | | |
|--|---|--|
| Full Name (Last, First, Middle Initial) A. George Z. Markarian | | Date of Disbursement MM / DD / YYYY 06 / 01 / 2016 |
| Mailing Address 2201 Charles Lane | | Transaction ID : B86DA0464768E42D1803 |
| City Akron | State OH Zip Code 44333-1185 | |
| Purpose of Disbursement Refund | Category/Type | Amount of Each Disbursement this Period 2300.00 |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | <input type="checkbox"/> Memo Item |
| 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. Curt McCamon | | Date of Disbursement MM / DD / YYYY 06 / 01 / 2016 |
| Mailing Address 55 Quail Rdg | | Transaction ID : BA565D64F2AB74755A68 |
| City Chagrin Falls | State OH Zip Code 44022-3606 | |
| Purpose of Disbursement Refund | Category/Type | Amount of Each Disbursement this Period 2700.00 |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | <input type="checkbox"/> Memo Item |
| Disbursement For: 2016 | <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: District: | | |

| | | |
|---|---|--|
| Full Name (Last, First, Middle Initial) c. Shery Cotton | | Date of Disbursement MM / DD / YYYY 06 / 01 / 2016 |
| Mailing Address 15324 Windmill Pointe Drive | | Transaction ID : B7283B9C9D1D242A8836 |
| City Grosse Pointe Park | State MI Zip Code 48230-1744 | |
| Purpose of Disbursement Refund | Category/Type | Amount of Each Disbursement this Period 2700.00 |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | <input type="checkbox"/> Memo Item |
| 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)..... 7700.00

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

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Kasich for America, Inc.

| | | |
|---|----------------|--|
| Full Name (Last, First, Middle Initial) A. Paula Lillard | | Date of Disbursement MM / DD / YYYY 06 / 01 / 2016 |
| Mailing Address 1340 North Waukegan Road | | Transaction ID : BC57517C1771D4AF9B91 |
| City Lake Forest | State IL | |
| Purpose of Disbursement Refund | Candidate Name | Amount of Each Disbursement this Period 3250.00 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| State: District: | | |

| | | |
|---|----------------|--|
| Full Name (Last, First, Middle Initial) B. William Scala | | Date of Disbursement MM / DD / YYYY 06 / 01 / 2016 |
| Mailing Address 2229 East Streetsboro Road | | Transaction ID : B2A84558505B749D3A88 |
| City Hudson | State OH | |
| Purpose of Disbursement Refund | Candidate Name | Amount of Each Disbursement this Period 2700.00 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| State: District: | | |

| | | |
|---|----------------|--|
| Full Name (Last, First, Middle Initial) c. Clair Lichter | | Date of Disbursement MM / DD / YYYY 06 / 01 / 2016 |
| Mailing Address 631 Paseo De La Playa | | Transaction ID : B570A73B702AA41699DC |
| City Redondo Beach | State CA | |
| Purpose of Disbursement Refund | Candidate Name | Amount of Each Disbursement this Period 2700.00 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| State: District: | | |

Subtotal Of Receipts This Page (optional)..... 8650.00

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

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Kasich for America, Inc.

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) A. Wyndham Robertson | | Date of Disbursement MM / DD / YYYY 06 / 01 / 2016 |
| Mailing Address 205 Cedar Berry Lane | | Transaction ID : B43D56C50FB9942FA997 |
| City Chapel Hill | State NC | |
| Purpose of Disbursement Refund | <input type="checkbox"/> | Amount of Each Disbursement this Period 2700.00 |
| Candidate Name | Category/ Type | <input type="checkbox"/> 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. David Daberko | | Date of Disbursement MM / DD / YYYY 06 / 01 / 2016 |
| Mailing Address 11694 Lake House Court | | Transaction ID : BFBF103FF802B4C25A10 |
| City North Palm Beach | State FL | |
| Purpose of Disbursement Refund | <input type="checkbox"/> | Amount of Each Disbursement this Period 2300.00 |
| Candidate Name | Category/ Type | <input type="checkbox"/> 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) c. Kara Hachigian | | Date of Disbursement MM / DD / YYYY 06 / 01 / 2016 |
| Mailing Address 6 Inwood Oaks Drive | | Transaction ID : B9B728CD8D2944FACAF5 |
| City Houston | State TX | |
| Purpose of Disbursement Refund | <input type="checkbox"/> | Amount of Each Disbursement this Period 2292.00 |
| Candidate Name | Category/ Type | <input type="checkbox"/> 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: | | |

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

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

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

PAGE 94 / 101

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

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NAME OF COMMITTEE (In Full)
Kasich for America, Inc.

| | | |
|--|---|--|
| Full Name (Last, First, Middle Initial) A. Kristen M. Ferguson | | Date of Disbursement MM / DD / YYYY 06 / 01 / 2016 |
| Mailing Address 2311 North Star Lane | | Transaction ID : B5B7BAAEA24424A1FAA4 |
| City Avon | State OH Zip Code 44011-2016 | |
| Purpose of Disbursement Refund | Category/Type | Amount of Each Disbursement this Period 2700.00 |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | <input type="checkbox"/> Memo Item |
| 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. Michael Meldman | | Date of Disbursement MM / DD / YYYY 06 / 01 / 2016 |
| Mailing Address 14605 North 73rd Street | | Transaction ID : B758342B8184A4DAFB06 |
| City Scottsdale | State AZ Zip Code 85260-3105 | |
| Purpose of Disbursement Refund | Category/Type | Amount of Each Disbursement this Period 2700.00 |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | <input type="checkbox"/> Memo Item |
| Disbursement For: 2016 | <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: District: | | |

| | | |
|---|---|--|
| Full Name (Last, First, Middle Initial) c. David Cotton | | Date of Disbursement MM / DD / YYYY 06 / 01 / 2016 |
| Mailing Address 15324 Windmill Pointe Drive | | Transaction ID : BE6F16992FE724B41A56 |
| City Grosse Pointe Park | State MI Zip Code 48230-1744 | |
| Purpose of Disbursement Refund | Category/Type | Amount of Each Disbursement this Period 2700.00 |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | <input type="checkbox"/> Memo Item |
| 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)..... 8100.00

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

SCHEDULE B-P ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 95 / 101

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

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NAME OF COMMITTEE (In Full)
Kasich for America, Inc.

| | | |
|---|----------------|--|
| Full Name (Last, First, Middle Initial) A. Kevin McKenna | | Date of Disbursement MM / DD / YYYY 06 / 01 / 2016 |
| Mailing Address 415 South Park Road | | Transaction ID : B695A2ED93B594F4DA34 |
| City La Grange | State IL | |
| Purpose of Disbursement Refund | Candidate Name | Amount of Each Disbursement this Period 2700.00 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| State: District: | | |

| | | |
|---|----------------|--|
| Full Name (Last, First, Middle Initial) B. Patricia A. Allen | | Date of Disbursement MM / DD / YYYY 06 / 01 / 2016 |
| Mailing Address 2400 East Cherry Creek South Drive | | Transaction ID : B017667AF624D42C7B0C |
| City Denver | State CO | |
| Purpose of Disbursement Refund | Candidate Name | Amount of Each Disbursement this Period 2700.00 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| State: District: | | |

| | | |
|---|----------------|--|
| Full Name (Last, First, Middle Initial) c. Don Wilson | | Date of Disbursement MM / DD / YYYY 06 / 01 / 2016 |
| Mailing Address 540 West Madison Street, Ste 2500 | | Transaction ID : BDED7A4FD38AB4EA39DA |
| City Chicago | State IL | |
| Purpose of Disbursement Refund | Candidate Name | Amount of Each Disbursement this Period 2700.00 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| State: District: | | |

Subtotal Of Receipts This Page (optional)..... 8100.00

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

SCHEDULE B-P ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 96 / 101

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

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NAME OF COMMITTEE (In Full)
Kasich for America, Inc.

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) A. Samuel Shuman | | Date of Disbursement MM / DD / YYYY 06 / 01 / 2016 |
| Mailing Address 645 Neil Avenue, Apt 602 | | Transaction ID : B2FDD33F5970F471AAEA |
| City Columbus | State OH | |
| Purpose of Disbursement Refund | <input type="checkbox"/> | Amount of Each Disbursement this Period 800.00 |
| Candidate Name | Category/Type | <input type="checkbox"/> 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. David D'Antoni | | Date of Disbursement MM / DD / YYYY 06 / 01 / 2016 |
| Mailing Address 6252 Little Minch Court | | Transaction ID : B465A53A2D25B4EB9891 |
| City Dublin | State OH | |
| Purpose of Disbursement Refund | <input type="checkbox"/> | Amount of Each Disbursement this Period 2500.00 |
| Candidate Name | Category/Type | <input type="checkbox"/> 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) c. Kevin J. Breheny | | Date of Disbursement MM / DD / YYYY 06 / 01 / 2016 |
| Mailing Address Post Office Box 14 | | Transaction ID : B61FD8363E5AF4CE9B50 |
| City Forsyth | State IL | |
| Purpose of Disbursement Refund | <input type="checkbox"/> | Amount of Each Disbursement this Period 600.00 |
| Candidate Name | Category/Type | <input type="checkbox"/> 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: | | |

| | |
|---|---------|
| Subtotal Of Receipts This Page (optional)..... | 3900.00 |
| Total This Period (last page this line number only)..... | |

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Kasich for America, Inc.

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) A. Linda Smith | | Date of Disbursement MM / DD / YYYY 06 / 01 / 2016 |
| Mailing Address 909 North Maize Road | | Transaction ID : BB317CA35BF204D23809 |
| City Wichita | State KS | |
| Purpose of Disbursement Refund | Candidate Name | Amount of Each Disbursement this Period 2300.00 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <input type="checkbox"/> Memo Item |
| State: _____ District: _____ | Category/Type | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) B. Martha Head | | Date of Disbursement MM / DD / YYYY 06 / 01 / 2016 |
| Mailing Address 1616 West 22nd Street | | Transaction ID : B98042ACFC55F4E69940 |
| City Minneapolis | State MN | |
| Purpose of Disbursement Refund | Candidate Name | Amount of Each Disbursement this Period 1300.00 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <input type="checkbox"/> Memo Item |
| State: _____ District: _____ | Category/Type | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) c. Laurence Cristiano | | Date of Disbursement MM / DD / YYYY 06 / 01 / 2016 |
| Mailing Address 896 Old Shawsheen Street | | Transaction ID : B2583222858234FDC9B7 |
| City Tewksbury | State MA | |
| Purpose of Disbursement Refund | Candidate Name | Amount of Each Disbursement this Period 2300.00 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <input type="checkbox"/> Memo Item |
| State: _____ District: _____ | Category/Type | |

Subtotal Of Receipts This Page (optional)..... → 5900.00

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

SCHEDULE B-P ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Kasich for America, Inc.

| | | |
|---|----------------|--|
| Full Name (Last, First, Middle Initial) A. Charles Ball | | Date of Disbursement MM / DD / YYYY 06 / 27 / 2016 |
| Mailing Address 2254 Latour Ave | | Transaction ID : B14FEF2959FF2498CA7D |
| City Livermore | State CA | |
| Purpose of Disbursement Refund | Candidate Name | Amount of Each Disbursement this Period 500.00 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| State: District: | | |

| | | |
|---|----------------|--|
| Full Name (Last, First, Middle Initial) B. | | Date of Disbursement MM / DD / YYYY |
| Mailing Address | | |
| City | State | |
| Purpose of Disbursement | Candidate Name | Amount of Each Disbursement this Period |
| 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 MM / DD / YYYY |
| Mailing Address | | |
| City | State | |
| Purpose of Disbursement | Candidate Name | Amount of Each Disbursement this Period |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| State: District: | | |

| | |
|---|-----------|
| Subtotal Of Receipts This Page (optional)..... | 500.00 |
| Total This Period (last page this line number only)..... | 439676.00 |

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER: (check only one)

| | | | | |
|------------------------------|------------------------------|------------------------------|---|------------------------------|
| <input 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 checked="" type="checkbox"/> 28c | <input type="checkbox"/> 29 |

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NAME OF COMMITTEE (In Full)
Kasich for America, Inc.

| | | |
|--|----------------|---|
| Full Name (Last, First, Middle Initial) A. Transystems Corporation PAC | | Date of Disbursement MM / DD / YYYY 06 / 01 / 2016 |
| Mailing Address 2400 Pershing Road Ste. 400 | | Transaction ID : B93C74C6335AD4226A02 |
| City Kansas City | State MO | |
| Purpose of Disbursement Refund | Candidate Name | Amount of Each Disbursement this Period 5000.00 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| State: _____ District: _____ | | |

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) B. Ohio National Financial Services Inc PAC | | Date of Disbursement MM / DD / YYYY 06 / 01 / 2016 |
| Mailing Address 1 Financial Way | | Transaction ID : B83ACB8941B844D28BE7 |
| City Montgomery | State OH | |
| Purpose of Disbursement Refund | Candidate Name Ohio National Financial Services Inc PAC | Amount of Each Disbursement this Period 3700.00 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| State: _____ District: _____ | | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) c. Buckeye Patriot PAC | | Date of Disbursement MM / DD / YYYY 06 / 01 / 2016 |
| Mailing Address 1936 Wedgewood Cir | | Transaction ID : BB25F4B56BF44432B86D |
| City Springfield | State OH | |
| Purpose of Disbursement Refund | Candidate Name Buckeye Patriot PAC | Amount of Each Disbursement this Period 5000.00 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| State: _____ District: _____ | | |

| | |
|---|----------|
| Subtotal Of Receipts This Page (optional)..... | 13700.00 |
| Total This Period (last page this line number only)..... | |

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

| | | | | |
|------------------------------|------------------------------|------------------------------|---|------------------------------|
| <input 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 checked="" type="checkbox"/> 28c | <input type="checkbox"/> 29 |

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NAME OF COMMITTEE (In Full)
Kasich for America, Inc.

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) A. Nisource, Inc. PAC | | Date of Disbursement MM / DD / YYYY 06 / 01 / 2016 |
| Mailing Address 200 Civic Center Drive | | Transaction ID : BD95174CAC6DE44E7872 |
| City Columbus | State OH | |
| Purpose of Disbursement Refund | | Amount of Each Disbursement this Period 5000.00 |
| Candidate Name Nisource, Inc. PAC | | <input type="checkbox"/> 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. Ohio ACRE | | Date of Disbursement MM / DD / YYYY 06 / 01 / 2016 |
| Mailing Address Post Office Box 26036 | | Transaction ID : BE3574E0B4AA84C058F8 |
| City Columbus | State OH | |
| Purpose of Disbursement Refund | | Amount of Each Disbursement this Period 5000.00 |
| Candidate Name Ohio ACRE | | <input type="checkbox"/> 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) c. Gregg PAC | | Date of Disbursement MM / DD / YYYY 06 / 01 / 2016 |
| Mailing Address 120 North Congress Street Ste 300 | | Transaction ID : B77D134928AE94413A68 |
| City Jackson | State MS | |
| Purpose of Disbursement Refund | | Amount of Each Disbursement this Period 1700.00 |
| Candidate Name | | <input type="checkbox"/> 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: | |

Subtotal Of Receipts This Page (optional)..... 11700.00

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

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

| | | | | |
|------------------------------|------------------------------|------------------------------|---|------------------------------|
| <input 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 checked="" type="checkbox"/> 28c | <input type="checkbox"/> 29 |

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NAME OF COMMITTEE (In Full)
Kasich for America, Inc.

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) A. Columbia Pipeline Group, Inc PAC | | Date of Disbursement MM / DD / YYYY 06 / 01 / 2016 |
| Mailing Address 10 G Street NE Ste 400 | | Transaction ID : B9E9E247F3E27426BBBA |
| City Washington State DC Zip Code 20002-4277 | Purpose of Disbursement Refund | |
| Candidate Name Columbia Pipeline Group, Inc PAC | | Amount of Each Disbursement this Period 5000.00 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <input type="checkbox"/> Memo Item |
| State: District: | | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) B. | | Date of Disbursement MM / DD / YYYY |
| Mailing Address | | Amount of Each Disbursement this Period |
| City State Zip Code | Purpose of Disbursement | |
| Candidate Name | | <input type="checkbox"/> Memo Item |
| 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 MM / DD / YYYY |
| Mailing Address | | Amount of Each Disbursement this Period |
| City State Zip Code | Purpose of Disbursement | |
| Candidate Name | | <input type="checkbox"/> Memo Item |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: District: | | |

| | |
|---|----------|
| Subtotal Of Receipts This Page (optional)..... | 5000.00 |
| Total This Period (last page this line number only)..... | 30400.00 |