REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees)

1. (a) Name of Individual, Organization or Corporation JOHN R DAVIS JR	,	
(b) Address (number and street) check if different 12600 CLARENCE CTR RD PO BOX 390	nt than previously reported	
(c) City, State and ZIP Code		3. FEC Identification Number
AKRON NY 14001		3. FEC Identification Number
2. Occupation and Name of Employer (for Individual Filers Only)		C C90016015
President I Squared R I	Element Co., Inc.	
4. TYPE OF REPORT (check appropriate bo	oxes):	
(a) April 15 Quarterly Report	,	
July 15 Quarterly Report	24-Hour Report	
October 15 Quarterly Report	48-Hour Report	
January 31 Year-End Report		
b) Is this Report an amendment?	No Yes, it amends the report filed on	
5. COVERING PERIOD: FROM 04 THROUGH 06	/ 01 / 2016 / 01 / 2016 / 30 / 2016	
6. TOTAL CONTRIBUTIONS		.00
7. TOTAL INDEPENDENT EXPENDITURES		10000.00
Under penalty of perjury I certify that the independent expenditures re of, any candidate or authorized committee or agent of either, or any		on, or concert with, or at the request or suggestion
TYPE OR PRINT NAME OF PERSON COMPLETING FOR		DATE [lectronically Filed]
JOHN R DAVIS JR	JOHN R DAVIS JR	07/15/2016
NOTE: Submission of false, erroneous or incomplete	information may subject the person signing this report	to the penalties of 2 U.S.C. §437g.

SCHEDULE 5-E ITEMIZED INDEPENDENT EXPENDITURES

NAME OF F	ILER (In Full)
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JOHN R DAVIS JR

Full Name (Last, First, Middle Initial) of Payee		Date of Public Distribution/Dissemination
RELEVANT INFO LTD.		M M / D D / Y Y Y Y
Mailing Address 439 EAST NINTH ST.		06 29 2016
		Amount
City State	Zip Code	10000.00
NYC NY	10009	Transaction ID : F57.000001
Purpose of Expenditure WRITING A SPEECH	Category/ Type 006	Office Sought: House State:
		President District:
Name of Federal Candidate Supported or Opposed by Expenditure: TRUMP DONALD		Check One: Support Oppose
Calendar Year-To-Date Per Election for Office Sought	.00	Disbursement For: Primary General 2016 Other (specify)
Full Name (Last, First, Middle Initial) of Payee		Date of Public Distribution/Dissemination
		M = M / D = D / Y = Y = Y = Y
Mailing Address		
	7. 0. 1	Amount
City State	Zip Code	
Purpose of Expenditure	Category/	Office Sought: House State:
	Туре	Senate District:
Name of Federal Candidate Supported or Opposed by Expenditure:		President
		Check One: Support Oppose
Calendar Year-To-Date Per Election		Disbursement For: Primary General
for Office Sought		Other (specify)
Full Name (Last, First, Middle Initial) of Payee Date of Public Distribution/Dissemination		
Mailing Address		
		Amount
City State	Zip Code	
Purpose of Expenditure	Category/	Office Sought: House State:
	Туре	Senate District:
Name of Federal Candidate Supported or Opposed by Expendi	ture:	President
		Check One: Support Oppose
Calendar Year-To-Date Per Election		Disbursement For: Primary General
for Office Sought		Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures		10000.00
· · · · · · · · · · · · · · · · · · ·		10000.00
(b) SUBTOTAL of Unitemized Independent Expenditures		
(c) TOTAL Independent Expenditures) 10000.00

FEC Schedule 5 (REV. 09/2013)