

FEC FORM 3P

REPORT OF RECEIPTS AND DISBURSEMENTS

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

Office Use Only

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

Example: If typing, type over the lines.

12FE4M5

Chris Christie for President, Inc.

ADDRESS (number and street)

PO Box 225

Check if different than previously reported. (ACC)

Check if different than previously reported. (ACC)

Colonia

CITY

NJ

STATE

07067-0225

ZIP CODE

2. FEC IDENTIFICATION NUMBER

C

C00580399

3. THIS REPORT IS FOR Primary

or General

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

Twelfth day report preceding election on in the State of

Is this Report an Amendment? yes no

5. Covering Period

04 / 01 / 2016

through

04 / 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

Ronald R Gravino

Signature of Treasurer

Ronald R Gravino

[Electronically Filed]

Date

05 / 20 / 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

Chris Christie for President, Inc.

Report Covering the Period: From: 04 / 01 / 2016 To: 04 / 30 / 2016

SUMMARY

Table with 2 columns: Description and Amount. Rows include: 6. CASH ON HAND AT BEGINNING OF REPORTING PERIOD (154305.13), 7. TOTAL RECEIPTS THIS PERIOD (27269.24), 8. SUBTOTAL (181574.37), 9. TOTAL DISBURSEMENTS THIS PERIOD (50788.20), 10. CASH ON HAND AT CLOSE OF THE REPORTING PERIOD (130786.17), 11. DEBTS AND OBLIGATIONS OWED TO THE COMMITTEE (0.00), 12. DEBTS AND OBLIGATIONS OWED BY THE COMMITTEE (383517.79), 13. EXPENDITURES SUBJECT TO LIMITATION (0.00).

NET ELECTION CYCLE-TO-DATE CONTRIBUTIONS AND EXPENDITURES

Table with 2 columns: Description and Amount. Rows include: 14. NET CONTRIBUTIONS (Other than Loans) (8294351.64), 15. NET OPERATING EXPENDITURES (8163465.47).

DETAILED SUMMARY PAGE

FEC Form 3P (Rev. 03/2011)

of Receipts

NAME OF COMMITTEE (in Full)

Chris Christie for President, Inc.

Report Covering the Period: From:

MM / DD / YYYY
04 / 01 / 2016

To:

MM / DD / YYYY
04 / 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	100.00	7884003.81
(ii) unitemized	0.00	406625.02
(iii) Total contributions	100.00	8290628.83
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees	0.00	115738.02
(d) The Candidate	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (Add 17(a), 17(b), 17(c) and 17(d))	100.00	8406366.85
18. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOANS RECEIVED:		
(a) Loans Received From or Guaranteed by Candidate	0.00	0.00
(b) Other Loans	0.00	0.00
(c) TOTAL LOANS (Add 19(a) and 19(b))	0.00	0.00
20. OFFSETS TO EXPENDITURES (Refunds, Rebates, etc.):		
(a) Operating	27169.24	78342.94
(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))	27169.24	78342.94
21. OTHER RECEIPTS (Dividends, Interest, etc.)	0.00	0.00
22. TOTAL RECEIPTS (Add 16, 17(e), 18, 19(c), 20(d) and 21)	27269.24	8484709.79

DETAILED SUMMARY PAGE

FEC Form 3P (Rev. 03/2011)

of Disbursements and Contributed Items

NAME OF COMMITTEE (in Full)

Chris Christie for President, Inc.

Report Covering the Period: From:

MM / DD / YYYY
04 / 01 / 2016

To:

MM / DD / YYYY
04 / 30 / 2016

II. DISBURSEMENTS

**COLUMN A
Total This Period**

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

23. OPERATING EXPENDITURES.....	50788.20	8241808.41
24. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
25. FUNDRAISING DISBURSEMENTS	0.00	0.00
26. EXEMPT LEGAL AND ACCOUNTING DISBURSEMENTS.....	0.00	0.00
27. LOAN REPAYMENTS MADE:		
(a) Repayments of Loans made or Guaranteed by Candidate.....	0.00	0.00
(b) Other Repayments	0.00	0.00
(c) TOTAL LOAN REPAYMENTS MADE (Add 27(a) and 27(b)).....	0.00	0.00
28. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees.....	0.00	112015.21
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (Add 28(a), 28(b) and 28(c))	0.00	112015.21
29. OTHER DISBURSEMENTS	0.00	100.00
30. TOTAL DISBURSEMENTS (Add 23, 24, 25, 26, 27(c), 28(d) and 29)	50788.20	8353923.62

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

31. ITEMS ON HAND TO BE LIQUIDATED (Attach List)	0.00	
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FEC FORM 3P,
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 C00580399

Chris Christie for President, Inc.

ADDRESS (number and street)

PO Box 225

Colonia

CITY

NJ

STATE

07067-0225

ZIP CODE

3. NAME OF CANDIDATE

ALLOCATION BY STATE

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

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

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

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

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NAME OF COMMITTEE (In Full)

Chris Christie for President, Inc.

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

REPUBLICAN NATIONAL COMMITTEE

Mailing Address 310 FIRST ST SE

City	State	Zip Code
WASHINGTON	DC	20003

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 : SA20A.4122

Date of Receipt

M M / D D / Y Y Y Y
04 / 28 / 2016

LIST RENTAL REVENUE

Amount of Each Receipt this Period

Memo Item

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

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

Mailing Address 320 1ST ST SE

City	State	Zip Code
WASHINGTON	DC	20534

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 : SA20A.4121

Date of Receipt

M M / D D / Y Y Y Y
04 / 22 / 2016

LIST RENTAL REVENUE

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 B-P
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Chris Christie for President, Inc.

Full Name (Last, First, Middle Initial)

A. ROBIN DANLEY

Mailing Address 515 W CHELTEN AVE

City PHILADELPHIA State PA Zip Code 19144

Purpose of Disbursement
PAYROLL

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	1		2	0	1	6

Transaction ID : SB23.I4111

Amount of Each Disbursement this Period

1	5	0	9	.	8	4
---	---	---	---	---	---	---

Memo Item

Full Name (Last, First, Middle Initial)

B. ROBIN DANLEY

Mailing Address 515 W CHELTEN AVE

City PHILADELPHIA State PA Zip Code 19144

Purpose of Disbursement
PAYROLL

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	1		2	0	1	6

Transaction ID : SB23.I4113

Amount of Each Disbursement this Period

1	5	0	9	.	8	4
---	---	---	---	---	---	---

Memo Item

Full Name (Last, First, Middle Initial)

C. AMERICAN EXPRESS

Mailing Address PO BOX 1270

City NEWARK State NJ Zip Code 07101

Purpose of Disbursement
CREDIT CARD PAYMENT

002

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	8		2	0	1	6

Transaction ID : SB23.I4105

Amount of Each Disbursement this Period

3	7	0	3	.	5	0
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Memo Item

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

6	7	2	3	.	1	8
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Total This Period (last page this line number only).....

6	7	2	3	.	1	8
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**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Chris Christie for President, Inc.

Full Name (Last, First, Middle Initial)

A. AVIS RENT A CAR

Mailing Address 38 CARSON DR
2ND FL

City NEWARK State NJ Zip Code 07114

Purpose of Disbursement
TRAVEL

002

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	8		2	0	1	6

Transaction ID : SB23.I4106

Amount of Each Disbursement this Period

4	4	5	.	7	5
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Memo Item
TRAVEL

Full Name (Last, First, Middle Initial)

B. LINE 1 COMMUNICATIONS

Mailing Address 3411 CAPITAL MEDICAL BLVD

City TALLAHASSEE State FL Zip Code 32308

Purpose of Disbursement
PHONE SVC

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	8		2	0	1	6

Transaction ID : SB23.I4108

Amount of Each Disbursement this Period

3	2	3	5	.	2	6
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Memo Item
PHONE SVC

Full Name (Last, First, Middle Initial)

C. UBER

Mailing Address 1455 MARKET ST

City SF State CA Zip Code 94103

Purpose of Disbursement
TRAVEL

002

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	8		2	0	1	6

Transaction ID : SB23.I4107

Amount of Each Disbursement this Period

2	2	.	4	9
---	---	---	---	---

Memo Item
TRAVEL

Subtotal Of Receipts This Page (optional)..... 0.00

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

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NAME OF COMMITTEE (In Full)

Chris Christie for President, Inc.

Full Name (Last, First, Middle Initial)

A. CITY OF PHILADELPHIA

Mailing Address PO BOX 8040

City PHILADELPHIA State PA Zip Code 19105

Purpose of Disbursement
PAYROLL TAXES

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	5		2	0	1	6

Transaction ID : SB23.I4118

Amount of Each Disbursement this Period

1	6	2	.	9	2
---	---	---	---	---	---

Memo Item

Full Name (Last, First, Middle Initial)

B. CMDI CRIMSON

Mailing Address 1593 SPRING HILL RD
STE 400

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement
COMPLIANCE

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	5		2	0	1	6

Transaction ID : SB23.I4110

Amount of Each Disbursement this Period

1	5	1	4	3	.	0	0
---	---	---	---	---	---	---	---

Memo Item

Full Name (Last, First, Middle Initial)

C. CMDI CRIMSON

Mailing Address 1593 SPRING HILL RD
STE 400

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement
COMPLIANCE

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	3		2	0	1	6

Transaction ID : SB23.I4114

Amount of Each Disbursement this Period

2	5	.	0	0
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Memo Item

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

1	5	3	3	0	.	9	2
---	---	---	---	---	---	---	---

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

1	5	3	3	0	.	9	2
---	---	---	---	---	---	---	---

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Chris Christie for President, Inc.

Full Name (Last, First, Middle Initial)

A. COUNCIL BLUFFS POLICE DEPARTMENT

Mailing Address 227 S 6TH ST

City COUNCIL BLUFFS State IA Zip Code 51501

Purpose of Disbursement SECURITY SVC

007

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	2		2	0	1	6

Transaction ID : SB23.I4116

Amount of Each Disbursement this Period

2	7	8	.	8	3
---	---	---	---	---	---

Memo Item

Full Name (Last, First, Middle Initial)

B. LEXIS NEXIS

Mailing Address PO BOX 7247-7090

City PHILADELPHIA State PA Zip Code 19170-7090

Purpose of Disbursement SUBSCRIPTION

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	6		2	0	1	6

Transaction ID : SB23.I4119

Amount of Each Disbursement this Period

3	0	4	.	9	5
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Memo Item

Full Name (Last, First, Middle Initial)

C. PAYCYCLE/INTUIT

Mailing Address 2632 MARINE WAY

City MOUNTAIN VIEW State CA Zip Code 94043

Purpose of Disbursement PAYROLL TAXES

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	1		2	0	1	6

Transaction ID : SB23.I4112

Amount of Each Disbursement this Period

5	9	7	.	7	7
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Memo Item

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

1	1	8	.	1	5
---	---	---	---	---	---

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

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**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)
Chris Christie for President, Inc.

Full Name (Last, First, Middle Initial) A. PAYCYCLE/INTUIT			Date of Disbursement MM / DD / YYYY 04 / 25 / 2016
Mailing Address 2632 MARINE WAY			Transaction ID : SB23.I4120
City MOUNTAIN VIEW	State CA	Zip Code 94043	
Purpose of Disbursement PAYROLL TAXES	Category/Type 001		Amount of Each Disbursement this Period 127.92
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. RONALD GRAVINO CONSULTING			Date of Disbursement MM / DD / YYYY 04 / 18 / 2016
Mailing Address PO BOX 225			Transaction ID : SB23.I4115
City COLONIA	State NJ	Zip Code 07067	
Purpose of Disbursement SOFTWARE/COURIER	Category/Type 001		Amount of Each Disbursement this Period 386.57
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. UPSTREAM COMMUNICATIONS			Date of Disbursement MM / DD / YYYY 04 / 22 / 2016
Mailing Address 1609 SHOAL CREEK BLVD STE 203			Transaction ID : SB23.I4123
City AUSTIN	State TX	Zip Code 78701	
Purpose of Disbursement BROKER FEE	Category/Type 001		Amount of Each Disbursement this Period 2025.00
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)..... 2539.49

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

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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

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

NAME OF COMMITTEE (In Full)

Chris Christie for President, Inc.

Full Name (Last, First, Middle Initial)

A. UPSTREAM COMMUNICATIONS

Mailing Address 1609 SHOAL CREEK BLVD
STE 203

City AUSTIN State TX Zip Code 78701

Purpose of Disbursement
DATA

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	2		2	0	1	6

Transaction ID : SB23.I4124

Amount of Each Disbursement this Period

4	0	5	.	0	0
---	---	---	---	---	---

Memo Item

Full Name (Last, First, Middle Initial)

B. UPSTREAM COMMUNICATIONS

Mailing Address 1609 SHOAL CREEK BLVD
STE 203

City AUSTIN State TX Zip Code 78701

Purpose of Disbursement
WEB SERVICE

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	2		2	0	1	6

Transaction ID : SB23.I4125

Amount of Each Disbursement this Period

9	0	4	.	5	.	0	0
---	---	---	---	---	---	---	---

Memo Item

Full Name (Last, First, Middle Initial)

C. UPSTREAM COMMUNICATIONS

Mailing Address 1609 SHOAL CREEK BLVD
STE 203

City AUSTIN State TX Zip Code 78701

Purpose of Disbursement
BROKER FEE

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	8		2	0	1	6

Transaction ID : SB23.I4127

Amount of Each Disbursement this Period

2	0	2	.	5	.	0	0
---	---	---	---	---	---	---	---

Memo Item

Subtotal Of Receipts This Page (optional)..... 11475.00

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

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NAME OF COMMITTEE (In Full)
Chris Christie for President, Inc.

Full Name (Last, First, Middle Initial)

A. UPSTREAM COMMUNICATIONS

Mailing Address 1609 SHOAL CREEK BLVD
STE 203

City AUSTIN State TX Zip Code 78701

Purpose of Disbursement
DATA

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

/ /

Transaction ID : SB23.I4128

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. UPSTREAM COMMUNICATIONS

Mailing Address 1609 SHOAL CREEK BLVD
STE 203

City AUSTIN State TX Zip Code 78701

Purpose of Disbursement
WEB SERVICE

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

/ /

Transaction ID : SB23.I4129

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

/ /

Amount of Each Disbursement this Period

Memo Item

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

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

SCHEDULE D-P
DEBTS AND OBLIGATIONS (Excluding Loans)

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

FOR LINE NUMBER: 11
 12

NAME OF COMMITTEE (In Full)
Chris Christie for President, Inc.

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
STEVE COHEN

Nature of Debt (Purpose):
 Fundraising

Mailing Address PO BOX 142

City State Zip Code
 GREENWICH CT 06836

Outstanding Balance Beginning This Period

Transaction ID : SD12022

1009.43

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

0.00

0.00

1009.43

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

Nature of Debt (Purpose):
 FIELD OPERATIONS EXPENSE

Mailing Address 2275 NW Raleigh St
 Unit 207

City State Zip Code
 Portland OR 97210

Outstanding Balance Beginning This Period

Transaction ID : SD12027

10545.48

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

0.00

0.00

10545.48

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

Nature of Debt (Purpose):
 Travel

Mailing Address 47 HIGHLAND PARK VILLAGE
 STE 200

City State Zip Code
 DALLAS TX 75205

Outstanding Balance Beginning This Period

Transaction ID : SD12019

1447.83

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

0.00

0.00

1447.83

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

SCHEDULE D-P
DEBTS AND OBLIGATIONS (Excluding Loans)

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

FOR LINE NUMBER: 11
 12

NAME OF COMMITTEE (In Full)
 Chris Christie for President, Inc.

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
BRIAN JONES COMMUNICATIONS

Nature of Debt (Purpose):
 COMMUNICATIONS CONSULTING

Mailing Address

City State Zip Code

Outstanding Balance Beginning This Period

7500.00

Transaction ID : SD12026

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

7500.00

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

Nature of Debt (Purpose):
 Travel

Mailing Address PO BOX 785016

City State Zip Code
 PHILADELPHIA PA 19178

Outstanding Balance Beginning This Period

40766.94

Transaction ID : SD12021

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

40766.94

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

Nature of Debt (Purpose):
 Travel/Strategy Consulting

Mailing Address 437 MADISON AVE
 9TH FL

City State Zip Code
 New York NY 10022

Outstanding Balance Beginning This Period

10000.00

Transaction ID : SD12018

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

10000.00

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

SCHEDULE D-P
DEBTS AND OBLIGATIONS (Excluding Loans)

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

FOR LINE NUMBER: 11
 12

NAME OF COMMITTEE (In Full)
Chris Christie for President, Inc.

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

Nature of Debt (Purpose):
LEGAL SERVICES

Mailing Address **PO Box 5177**

City State Zip Code
New York NY 10087

Outstanding Balance Beginning This Period

Transaction ID : SD10.54

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

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

Nature of Debt (Purpose):
PAYROLL TAXES

Mailing Address **2632 MARINE WAY**

City State Zip Code
MOUNTAIN VIEW CA 94043

Outstanding Balance Beginning This Period

Transaction ID : SD12AA

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

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

Nature of Debt (Purpose):
POLITICAL EVENT TURNOUT

Mailing Address **905 NUECES ST**

City State Zip Code
AUSTIN TX 78701

Outstanding Balance Beginning This Period

Transaction ID : SD12006

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

- 1) **SUBTOTALS** This Period This Page (optional)
- 2) **TOTALS** This Period (last page this line number only)
- 3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....
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SCHEDULE D-P
DEBTS AND OBLIGATIONS (Excluding Loans)

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

FOR LINE NUMBER: 11
 12

NAME OF COMMITTEE (In Full)
Chris Christie for President, Inc.

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
National Research INC

Nature of Debt (Purpose):
RESEARCH

Mailing Address 146 NJ-34

City State Zip Code
HOLMDEL NJ 07333

Outstanding Balance Beginning This Period

Transaction ID : SD12002

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

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

Nature of Debt (Purpose):
Travel

Mailing Address

City State Zip Code
COLUMBUS OH

Outstanding Balance Beginning This Period

Transaction ID : SD12017

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

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

Nature of Debt (Purpose):
MEDIA PRODUCTION

Mailing Address 1851 MCGUCKIAN ST

City State Zip Code
ANNAPOLIS MD 21401

Outstanding Balance Beginning This Period

Transaction ID : SD12007

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

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

SCHEDULE D-P
DEBTS AND OBLIGATIONS (Excluding Loans)

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

FOR LINE NUMBER: 11
 12

NAME OF COMMITTEE (In Full)
Chris Christie for President, Inc.

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Strategic Partners & Media

Nature of Debt (Purpose):
 Travel/Strategy Consulting

Mailing Address 575 MAIN ST

STE 251

City State Zip Code
 LAUREL MD 20707

Outstanding Balance Beginning This Period

14641.35

Transaction ID : SD12020

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

14641.35

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

Nature of Debt (Purpose):
 Political Data

Mailing Address 66 CANAL CENTER PLAZA

NO 555

City State Zip Code
 ALEXANDRIA VA 22314

Outstanding Balance Beginning This Period

30000.00

Transaction ID : SD12023

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

30000.00

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

Nature of Debt (Purpose):
 BALLOT ACCESS

Mailing Address 240 PEACHTREE ST NW

City State Zip Code
 ATLANTA GA 30303

Outstanding Balance Beginning This Period

4963.35

Transaction ID : SD12003

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

4963.35

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

SCHEDULE D-P
DEBTS AND OBLIGATIONS (Excluding Loans)

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

FOR LINE NUMBER: 11
 12

NAME OF COMMITTEE (In Full)

Chris Christie for President, Inc.

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

Upstream Communications LLC

Nature of Debt (Purpose):
 Digital

Mailing Address 1609 SHOAL CREEK BLVD

STE 203

City State

Zip Code

AUSTIN TX

78701

Outstanding Balance Beginning This Period

19455.00

Transaction ID : SD12024

Amount Incurred This Period

0.00

Payment This Period

18090.00

Outstanding Balance at Close of This Period

1365.00

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

Nature of Debt (Purpose):

Mailing Address

City State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

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

Nature of Debt (Purpose):

Mailing Address

City State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) SUBTOTALS This Period This Page (optional)	▶	1365.00
2) TOTALS This Period (last page this line number only)	▶	383517.79
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	▶	0.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only).....	▶	383517.79