

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

DONALD J. TRUMP FOR PRESIDENT, INC.

ADDRESS (number and street)

725 FIFTH AVENUE

Check if different than previously reported. (ACC)

NEW YORK

NY

10022

CITY

STATE

ZIP CODE

2. FEC IDENTIFICATION NUMBER

C

C00580100

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)
- Feb 20 (M2)
- May 20 (M5)
- Aug 20 (M8)
- Nov 20 (M11)
- July 15 (Q2)
- January 31 Year-End Report (YE)
- 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

/ /

through

/ /

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

Type or Print Name of Treasurer TIMOTHY JOST

Signature of Treasurer TIMOTHY JOST

[Electronically Filed]

Date

/ /

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

DONALD J. TRUMP FOR PRESIDENT, INC.

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

SUMMARY

6. CASH ON HAND AT BEGINNING OF REPORTING PERIOD	<input type="text" value="6964324.88"/>
7. TOTAL RECEIPTS THIS PERIOD (From Line 22, Column A, Page 3)	<input type="text" value="6121102.07"/>
8. SUBTOTAL (Lines 6 and 7)	<input type="text" value="13085426.95"/>
9. TOTAL DISBURSEMENTS THIS PERIOD (From Line 30, Column A, Page 2)	<input type="text" value="11500705.98"/>
10. CASH ON HAND AT CLOSE OF THE REPORTING PERIOD (Subtract Line 9 from 8.....)	<input type="text" value="1584720.97"/>
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="17534058.41"/>
13. EXPENDITURES SUBJECT TO LIMITATION	<input type="text" value="0.00"/>

NET ELECTION CYCLE-TO-DATE CONTRIBUTIONS AND EXPENDITURES

14. NET CONTRIBUTIONS (Other than Loans) (Subtract Line 28d, Column B from 17e, Column B, Page 2)	<input type="text" value="7657614.35"/>
15. NET OPERATING EXPENDITURES (Subtract Line 20a, Column B from 23, Column B, Page 2).....	<input type="text" value="23433901.79"/>

DETAILED SUMMARY PAGE

FEC Form 3P (Rev. 03/2011)

of Receipts

NAME OF COMMITTEE (in Full)

DONALD J. TRUMP FOR PRESIDENT, INC.

Report Covering the Period: From:

MM / DD / YYYY
01 / 01 / 2016

To:

MM / DD / YYYY
01 / 31 / 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	232381.21	1871111.94
(ii) unitemized	708626.35	5626872.56
(iii) Total contributions	941007.56	7497984.50
(b) Political Party Committees	0.00	57.62
(c) Other Political Committees	0.00	0.00
(d) The Candidate	31751.95	250318.96
(e) TOTAL CONTRIBUTIONS (other than loans) (Add 17(a), 17(b), 17(c) and 17(d))	972759.51	7748361.08
18. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOANS RECEIVED:		
(a) Loans Received From or Guaranteed by Candidate	4913761.00	17534058.41
(b) Other Loans	0.00	0.00
(c) TOTAL LOANS (Add 19(a) and 19(b))	4913761.00	17534058.41
20. OFFSETS TO EXPENDITURES (Refunds, Rebates, etc.):		
(a) Operating	234581.56	243899.54
(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))	234581.56	243899.54
21. OTHER RECEIPTS (Dividends, Interest, etc.)	0.00	0.00
22. TOTAL RECEIPTS (Add 16, 17(e), 18, 19(c), 20(d) and 21)	6121102.07	25526319.03

DETAILED SUMMARY PAGE

FEC Form 3P (Rev. 03/2011)

of Disbursements and Contributed Items

NAME OF COMMITTEE (in Full)

DONALD J. TRUMP FOR PRESIDENT, INC.

Report Covering the Period: From:

MM / DD / YYYY
01 / 01 / 2016

To:

MM / DD / YYYY
01 / 31 / 2016

II. DISBURSEMENTS

**COLUMN A
Total This Period**

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

23. OPERATING EXPENDITURES.....	11497007.83	23677801.33
24. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	173050.00
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.....	3698.15	90746.73
(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))	3698.15	90746.73
29. OTHER DISBURSEMENTS	0.00	0.00
30. TOTAL DISBURSEMENTS (Add 23, 24, 25, 26, 27(c), 28(d) and 29)	11500705.98	23941598.06

**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 C00580100

DONALD J. TRUMP FOR PRESIDENT, INC.

ADDRESS (number and street) 725 FIFTH AVENUE

NEW YORK

CITY

NY

STATE

10022

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

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

Form/Schedule: F3PN
Transaction ID :

The Committee has reviewed all reimbursements to individuals for travel and subsistence and confirms that no further itemization is required under any Commission regulations for these expenditures. Checks were voided either because services were never rendered or they represent duplicate charges. Any difference between Reimbursement live entries and their supporting memo entries constitutes disbursements to vendors that do not exceed the \$200 itemization threshold for the election cycle and are not required to be itemized per Commission regulations. Non-travel advances made and reimbursed within the reporting period are disclosed with memo itemization if payments to any vendor exceed the \$200 threshold. Disbursements to vendors below the threshold are unitemized and constitute the difference, if any, between the live entry and the memo entry.

Form/Schedule:
Transaction ID:

**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)
DONALD J. TRUMP FOR PRESIDENT, INC.

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

Mailing Address 1919 S STREET, NW

City	State	Zip Code
WASHINGTON	DC	20009

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

Name of Employer	Occupation
GRANDBRIDGE	MORTGAGE BANKER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 482.37

Transaction ID : SA17A.286584

Date of Receipt

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

Amount of Each Receipt this Period
 _____ 323.54

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

Mailing Address 3320 CANTON ROAD
224

City	State	Zip Code
MARIETTA	GA	30066

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

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 250.00

Transaction ID : SA17A.259864

Date of Receipt

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

Amount of Each Receipt this Period
 _____ 250.00

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

Mailing Address 3320 CANTON ROAD
224

City	State	Zip Code
MARIETTA	GA	30066

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

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 330.01

Transaction ID : SA17A.272078

Date of Receipt

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

Amount of Each Receipt this Period
 _____ 80.01

Subtotal Of Receipts This Page (optional).....▶ _____ 653.55

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)
DONALD J. TRUMP FOR PRESIDENT, INC.

A. Full Name (Last, First, Middle Initial) BLAIR ADAMS Mailing Address 523 LLOYD AVE City LATROBE State PA Zip Code 15650 FEC ID number of contributing federal political committee. <input type="text" value="C"/> Name of Employer K-CASTINGS Occupation MANAGEMENT Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ <input type="text" value="223.91"/>			Transaction ID : SA17A.273344 Date of Receipt M M / D D / Y Y Y Y 01 / 16 / 2016 Amount of Each Receipt this Period <input type="text" value="223.91"/>
B. Full Name (Last, First, Middle Initial) JOHNNY ADAMS Mailing Address 5818 OXBOW BEND City MADISON State WI Zip Code 53716 FEC ID number of contributing federal political committee. <input type="text" value="C"/> Name of Employer SELF-EMPLOYED Occupation GOVERNMENT VENDING Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ <input type="text" value="221.58"/>			Transaction ID : SA17A.255987 Date of Receipt M M / D D / Y Y Y Y 01 / 12 / 2016 Amount of Each Receipt this Period <input type="text" value="10.00"/>
C. Full Name (Last, First, Middle Initial) PAUL ADAMS Mailing Address 2934 CHERRY GROVE RD City BALL GROUND State GA Zip Code 30107 FEC ID number of contributing federal political committee. <input type="text" value="C"/> Name of Employer METICULOUS WOOD WORKING Occupation CABINET MAKER Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ <input type="text" value="467.87"/>			Transaction ID : SA17A.273953 Date of Receipt M M / D D / Y Y Y Y 01 / 17 / 2016 Amount of Each Receipt this Period <input type="text" value="57.54"/>

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:

PAGE 11 / 617

(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)
DONALD J. TRUMP FOR PRESIDENT, INC.

A. Full Name (Last, First, Middle Initial) PHYLLIS ANN ADAMS		Transaction ID : SA17A.267831	
Mailing Address 8000 S DATE AVE		Date of Receipt M M / D D / Y Y Y Y 01 / 08 / 2016	
City BROKEN ARROW	State OK	Zip Code 74011	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 86.70	
Name of Employer SURGICAL ASSOCIATES INC	Occupation ADMINISTRATVE ASSISTANT		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 232.43	

B. Full Name (Last, First, Middle Initial) RICHARD ADEN		Transaction ID : SA17A.274772	
Mailing Address 1970 CR 2400E		Date of Receipt M M / D D / Y Y Y Y 01 / 18 / 2016	
City SAINT JOSEPH	State IL	Zip Code 61873	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 345.60	
Name of Employer ADEN FAMILY FARMS	Occupation AGRICULTURIST		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 345.60	

C. Full Name (Last, First, Middle Initial) GARY LEE AKINS		Transaction ID : SA17A.267513	
Mailing Address 7401 COUNTY ROAD 41		Date of Receipt M M / D D / Y Y Y Y 01 / 08 / 2016	
City ARLEY	State AL	Zip Code 35541	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 303.32	
Name of Employer WILLIAMS GROCERY	Occupation MANAGER		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 1012.90	

Subtotal Of Receipts This Page (optional).....▶ 735.62

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)
DONALD J. TRUMP FOR PRESIDENT, INC.

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

Mailing Address **7424 NEW UTRECHT AVENUE**

City **BROOKLYN** State **NY** Zip Code **11204**

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

Name of Employer **NATIONWIDE INS CO** Occupation **INSURANCE AGENT**

Receipt For: 2016
 Primary General
 Other (specify) **Election Cycle-to-Date** **2650.97**

Transaction ID : SA17A.287644

Date of Receipt
M M / D D / Y Y Y Y
01 / 31 / 2016

Amount of Each Receipt this Period
450.02

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

Mailing Address **3 CAROL LANE**

City **BLACKSTONE** State **MA** Zip Code **01504**

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

Name of Employer **CVS** Occupation **ANALYST**

Receipt For: 2016
 Primary General
 Other (specify) **Election Cycle-to-Date** **1350.00**

Transaction ID : SA17A.261320

Date of Receipt
M M / D D / Y Y Y Y
01 / 21 / 2016

Amount of Each Receipt this Period
250.00

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

Mailing Address **3600 ROWLAND DR**

City **PUNTA GORDA** State **FL** Zip Code **33980**

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

Name of Employer **MYCO GRAFIX** Occupation **OWNER**

Receipt For: 2016
 Primary General
 Other (specify) **Election Cycle-to-Date** **278.63**

Transaction ID : SA17A.279359

Date of Receipt
M M / D D / Y Y Y Y
01 / 23 / 2016

Amount of Each Receipt this Period
136.46

Subtotal Of Receipts This Page (optional)..... **836.48**

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)
DONALD J. TRUMP FOR PRESIDENT, INC.

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

Mailing Address **PO BOX 7**

City State Zip Code
ORMOND BEACH FL 32175

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

Name of Employer Occupation
SELF-EMPLOYED ART & ANTIQUES

Receipt For: 2016
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼
1884.66

Transaction ID : SA17A.280565

Date of Receipt
M M / D D / Y Y Y Y
01 25 2016

Amount of Each Receipt this Period
566.36

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

Mailing Address **8505 W 141ST LN**

City State Zip Code
CEDAR LAKE IN 46303

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

Name of Employer Occupation
LOWELL CONCRETE PRODUCTS INC PRESIDENT

Receipt For: 2016
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼
311.78

Transaction ID : SA17A.285507

Date of Receipt
M M / D D / Y Y Y Y
01 29 2016

Amount of Each Receipt this Period
311.78

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

Mailing Address **2785 GRAY MOSS DR**

City State Zip Code
CLEMMONS NC 27012

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼
750.00

Transaction ID : SA17A.259440

Date of Receipt
M M / D D / Y Y Y Y
01 13 2016

Amount of Each Receipt this Period
100.00

Subtotal Of Receipts This Page (optional)..... **978.14**

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)
DONALD J. TRUMP FOR PRESIDENT, INC.

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

Mailing Address 400 METAIRIE HAMMOND HWY
6-A

City State Zip Code
METAIRIE LA 70005

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
325.15

Transaction ID : SA17A.257501

Date of Receipt
M M / D D / Y Y Y Y
01 / 02 / 2016

Amount of Each Receipt this Period
100.00

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

Mailing Address 9610 N 17TH PL

City State Zip Code
PHOENIX AZ 85020

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

Name of Employer Occupation
ABA PRESIDENT

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
300.00

Transaction ID : SA17A.261396

Date of Receipt
M M / D D / Y Y Y Y
01 / 21 / 2016

Amount of Each Receipt this Period
50.00

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

Mailing Address 128 FALLEN LEAF LANE

City State Zip Code
WESTLAKE VILLAGE CA 91361

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

Name of Employer Occupation
MANTECH INTERNATIONAL CORPORATION TECHNICIAN

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
210.71

Transaction ID : SA17A.281008

Date of Receipt
M M / D D / Y Y Y Y
01 / 26 / 2016

Amount of Each Receipt this Period
110.71

Subtotal Of Receipts This Page (optional).....▶ 260.71

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)
DONALD J. TRUMP FOR PRESIDENT, INC.

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

Mailing Address 1595 FAIRFAX

City State Zip Code
BIRMINGHAM MI 48009

FEC ID number of contributing federal political committee.

Name of Employer Occupation
STEVE BARONE CEO

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.259374

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
01			12			2016			

Amount of Each Receipt this Period

<input type="text" value="500.00"/>

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

Mailing Address HC-1 BOX 7002

City State Zip Code
JOSHUA TREE CA 92252

FEC ID number of contributing federal political committee.

Name of Employer Occupation
MCCS MATERIALS HANDLER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.263391

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
01			01			2016			

Amount of Each Receipt this Period

<input type="text" value="110.66"/>

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

Mailing Address 5710 LONE CEDAR

City State Zip Code
KINGWOOD TX 77345

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 : SA17A.258295

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
01			06			2016			

Amount of Each Receipt this Period

<input type="text" value="100.00"/>

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)
DONALD J. TRUMP FOR PRESIDENT, INC.

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

Mailing Address **440 S WARREN ST
6TH FLOOR**

City **SYRACUSE** State **NY** Zip Code **13202**

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 ▼
397.81

Transaction ID : SA17A.267331

Date of Receipt

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

Amount of Each Receipt this Period

397.81

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

Mailing Address **5123 MASSACHUSETTS AVE., NW**

City **WASHINGTON** State **DC** Zip Code **20016**

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

Name of Employer **SOCIETY FOR NEUROSCIENCE - RETIRED** Occupation **FORMER EXEC. DIR**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.288479

Date of Receipt

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

Amount of Each Receipt this Period

250.00

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

Mailing Address **65 LORRAINE DR.**

City **CLIFTON** State **NJ** Zip Code **07012**

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

Name of Employer **STEFAN ENTERPRISES** Occupation **SALES**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
227.04

Transaction ID : SA17A.277146

Date of Receipt

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

Amount of Each Receipt this Period

82.23

Subtotal Of Receipts This Page (optional)..... **730.04**

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:

PAGE 24 / 617

(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)

DONALD J. TRUMP FOR PRESIDENT, INC.

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

KURT BERRYMAN

Mailing Address 804 W. OTTAWA

City LANSING State MI Zip Code 48915

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

Name of Employer ADM Occupation GOVERNMENT RELATIONS

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
216.08

Transaction ID : SA17A.278483

Date of Receipt

M M / D D / Y Y Y Y
01 / 22 / 2016

Amount of Each Receipt this Period

110.28

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

BRYAN BERZINS

Mailing Address P.O. BOX 92952

City ALBUQUERQUE State NM Zip Code 87199

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

Name of Employer KOAT Occupation NEWSCAST DIRECTOR

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
400.00

Transaction ID : SA17A.261505

Date of Receipt

M M / D D / Y Y Y Y
01 / 21 / 2016

Amount of Each Receipt this Period

100.00

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

MICHAEL M BIDWELL

Mailing Address 18 OVERLOOK DRIVE

City MERIDEN State CT Zip Code 06450

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

Name of Employer BIDWELL INDUSTRIAL GROUP Occupation VP

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
332.70

Transaction ID : SA17A.286387

Date of Receipt

M M / D D / Y Y Y Y
01 / 30 / 2016

Amount of Each Receipt this Period

84.56

Subtotal Of Receipts This Page (optional).....▶ 294.84

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)
DONALD J. TRUMP FOR PRESIDENT, INC.

A. Full Name (Last, First, Middle Initial) MS. JEANNE M BRADFORD		Transaction ID : SA17A.256868	
Mailing Address 12200 E STATE ROUTE 69 LOT 71		Date of Receipt M M / D D / Y Y Y Y 01 / 08 / 2016	
City DEWEY	State AZ	Zip Code 86327	Amount of Each Receipt this Period _____ 100.00
FEC ID number of contributing federal political committee.		C _____	
Name of Employer INFORMATION REQUESTED	Occupation INFORMATION REQUESTED		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ _____ 220.00	

B. Full Name (Last, First, Middle Initial) DARRELL BRADLEY		Transaction ID : SA17A.255950	
Mailing Address 1415 WELLSHIRE DR.		Date of Receipt M M / D D / Y Y Y Y 01 / 14 / 2016	
City KATY	State TX	Zip Code 77494	Amount of Each Receipt this Period _____ 25.00
FEC ID number of contributing federal political committee.		C _____	
Name of Employer RETIRED	Occupation RETIRED		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ _____ 314.35	

C. Full Name (Last, First, Middle Initial) SCOTT BRANIFF		Transaction ID : SA17A.282647	
Mailing Address 3022 SHEFFIELD DR		Date of Receipt M M / D D / Y Y Y Y 01 / 28 / 2016	
City STATE COLLEGE	State PA	Zip Code 16801	Amount of Each Receipt this Period _____ 205.08
FEC ID number of contributing federal political committee.		C _____	
Name of Employer OLD REPUBLIC TITLE INS CO	Occupation AGENCY MGR		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ _____ 420.23	

Subtotal Of Receipts This Page (optional).....▶ _____ 330.08

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)
DONALD J. TRUMP FOR PRESIDENT, INC.

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

Mailing Address P.O. BOX 615

City State Zip Code
MOUNT WOLF PA 17347

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
422.14

Transaction ID : SA17A.263069

Date of Receipt
M M / D D / Y Y Y Y
01 / 28 / 2016

Amount of Each Receipt this Period
100.00

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

Mailing Address PO BOX 266

City State Zip Code
LAUREL MS 39441

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

Name of Employer Occupation
BRIDGES FARMS OWNER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
359.16

Transaction ID : SA17A.263748

Date of Receipt
M M / D D / Y Y Y Y
01 / 02 / 2016

Amount of Each Receipt this Period
359.16

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

Mailing Address 21 LANDAU AVE

City State Zip Code
ELMONT NY 11003

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

Name of Employer Occupation
WESTIN GRAND CENTRAL NEW YORK BELL CAPTAIN

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
417.95

Transaction ID : SA17A.267765

Date of Receipt
M M / D D / Y Y Y Y
01 / 08 / 2016

Amount of Each Receipt this Period
84.12

Subtotal Of Receipts This Page (optional).....▶ 543.28

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)
DONALD J. TRUMP FOR PRESIDENT, INC.

A. Full Name (Last, First, Middle Initial) GEORGIE BROADHEAD Mailing Address 260 BURKHART ROAD City State Zip Code RUTLEDGE TN 37861		Transaction ID : SA17A.260985 Date of Receipt M M / D D / Y Y Y Y 01 / 21 / 2016
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer RETIRED	Occupation RETIRED	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 399.06	

B. Full Name (Last, First, Middle Initial) TRAVIS BROOKE Mailing Address PO BOX 295 City State Zip Code JONESBURG MO 63351		Transaction ID : SA17A.282840 Date of Receipt M M / D D / Y Y Y Y 01 / 28 / 2016
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 70.78
Name of Employer TRAVIS BEOOCKE	Occupation LIVESTOCK	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 209.61	

C. Full Name (Last, First, Middle Initial) KRISS BROOKS Mailing Address 360 GRAND AVE 272 City State Zip Code OAKLAND CA 94610		Transaction ID : SA17A.261267 Date of Receipt M M / D D / Y Y Y Y 01 / 21 / 2016
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer RETIRED	Occupation RETIRED	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

Subtotal Of Receipts This Page (optional).....▶ 170.78

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:

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(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)
DONALD J. TRUMP FOR PRESIDENT, INC.

A. Full Name (Last, First, Middle Initial) BYRON BROWN			Transaction ID : SA17A.281662		
Mailing Address 910 RECTOR STREET			Date of Receipt M M / D D / Y Y Y Y 01 / 27 / 2016		
City	State	Zip Code	Amount of Each Receipt this Period		
HOT SPRINGS	AR	71913	_____ 50.66		
FEC ID number of contributing federal political committee.		C _____	Amount of Each Receipt this Period		
Name of Employer	Occupation				
RETIRED	RETIRED				
Receipt For: 2016		Election Cycle-to-Date ▼			
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		_____ 212.80			
B. Full Name (Last, First, Middle Initial) GREG BROWN			Transaction ID : SA17A.283115		
Mailing Address 24238 EAGLE SITE DR			Date of Receipt M M / D D / Y Y Y Y 01 / 28 / 2016		
City	State	Zip Code	Amount of Each Receipt this Period		
ABINGDON	VA	24211	_____ 279.18		
FEC ID number of contributing federal political committee.		C _____	Amount of Each Receipt this Period		
Name of Employer	Occupation				
AXIALL	PLANT MANAGER				
Receipt For: 2016		Election Cycle-to-Date ▼			
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		_____ 279.18			
C. Full Name (Last, First, Middle Initial) MARGARET BROWN			Transaction ID : SA17A.261490		
Mailing Address 9510 WHITE OAK AVE			Date of Receipt M M / D D / Y Y Y Y 01 / 21 / 2016		
City	State	Zip Code	Amount of Each Receipt this Period		
MUNSTER	IN	46321	_____ 100.00		
FEC ID number of contributing federal political committee.		C _____	Amount of Each Receipt this Period		
Name of Employer	Occupation				
RETIRED	RETIRED				
Receipt For: 2016		Election Cycle-to-Date ▼			
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		_____ 600.00			

Subtotal Of Receipts This Page (optional).....▶ _____ 429.84

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)

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<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)
DONALD J. TRUMP FOR PRESIDENT, INC.

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

Mailing Address 137 LILAC DR

City ANNANDALE State NJ Zip Code 08801

FEC ID number of contributing federal political committee.

Name of Employer Occupation
EFFICIENCY EXPERTS INC OWNER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.283247

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

Amount of Each Receipt this Period

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

Mailing Address 6400 MALVEY AVENUE

City FORT WORTH State TX Zip Code 76116

FEC ID number of contributing federal political committee.

Name of Employer Occupation
SEMPCO SURVEYING EXECUTIVE ASSISTANT (WISH I HAD MORE T

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.261333

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

Amount of Each Receipt this Period

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

Mailing Address 100 BETTY BLVD

City CARMICHAELS State PA Zip Code 15320

FEC ID number of contributing federal political committee.

Name of Employer Occupation
ADVANCED MASONRY INC OWNER CEO

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.286571

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

Amount of Each Receipt this Period

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:

PAGE 39 / 617

(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)

DONALD J. TRUMP FOR PRESIDENT, INC.

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

AMANDA D BULLINS

Mailing Address 2530 AYERSVILLE ROAD

City State Zip Code
MAYODAN NC 27027

FEC ID number of contributing federal political committee.

Name of Employer Occupation
LINON HOME DECOR PRODUCTS PART DEPT

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.277694

Date of Receipt

/ /

Amount of Each Receipt this Period

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

ANDREA BURCKMAN

Mailing Address 720 APPOMATTOX RD W

City State Zip Code
DAVIDSONVILLE MD 21035

FEC ID number of contributing federal political committee.

Name of Employer Occupation
DEPARTMENT OF NAVY DIRECTOR TOTAL FORCE MANPOWER & PERSONNEL

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.288536

Date of Receipt

/ /

Amount of Each Receipt this Period

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

CHARLES BURGESS

Mailing Address 2199 WIDENER TERRACE

City State Zip Code
WELLINGTON FL 33414

FEC ID number of contributing federal political committee.

Name of Employer Occupation
SELF-EMPLOYED CONSULTANT

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.259125

Date of Receipt

/ /

Amount of Each Receipt this Period

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)
DONALD J. TRUMP FOR PRESIDENT, INC.

A. Full Name (Last, First, Middle Initial) DAVID BURGESS Mailing Address 9660 LIVENSHERE DR City State Zip Code DALLAS TX 75238 FEC ID number of contributing federal political committee. <input type="text" value="C"/> Name of Employer Occupation RETIRED RETIRED Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ <input type="text" value="375.00"/>		Transaction ID : SA17A.260283 Date of Receipt M M / D D / Y Y Y Y 01 / 18 / 2016 Amount of Each Receipt this Period <input type="text" value="50.00"/>
--	--	--

B. Full Name (Last, First, Middle Initial) MARJORIE BURGESS Mailing Address PO BOX 524 City State Zip Code PINEHURST NC 28370 FEC ID number of contributing federal political committee. <input type="text" value="C"/> Name of Employer Occupation RETIRED RETIRED Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ <input type="text" value="482.37"/>		Transaction ID : SA17A.276725 Date of Receipt M M / D D / Y Y Y Y 01 / 20 / 2016 Amount of Each Receipt this Period <input type="text" value="84.56"/>
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C. Full Name (Last, First, Middle Initial) JACOB BURKEY Mailing Address 255 W MARTIN LUTHER KING BLVD 2215 City State Zip Code CHARLOTTE NC 28202 FEC ID number of contributing federal political committee. <input type="text" value="C"/> Name of Employer Occupation WELLS FARGO BANK NA APPLICATION SYSTEMS ENGINEER Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ <input type="text" value="1000.00"/>		Transaction ID : SA17A.261293 Date of Receipt M M / D D / Y Y Y Y 01 / 21 / 2016 Amount of Each Receipt this Period <input type="text" value="250.00"/>
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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)
DONALD J. TRUMP FOR PRESIDENT, INC.

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

Mailing Address 5514 UPPER PACK RIVER RD

City SANDPOINT State ID Zip Code 83864

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

Name of Employer Occupation
SELF-EMPLOYED SALES

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
203.28

Transaction ID : SA17A.268051

Date of Receipt
M M / D D / Y Y Y Y
01 / 09 / 2016

Amount of Each Receipt this Period
107.97

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

Mailing Address 2711 CLEARLAKE ROAD #C-10

City COCOA State FL Zip Code 32926

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

Name of Employer Occupation
WEST COCOA PHARMACY PHARMACIST/BUSINESS OWNER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
258.81

Transaction ID : SA17A.267166

Date of Receipt
M M / D D / Y Y Y Y
01 / 08 / 2016

Amount of Each Receipt this Period
258.81

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

Mailing Address 487 W ARENAS RD APT 4

City PALM SPRINGS State CA Zip Code 92262

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

Name of Employer Occupation
TIME WARNER CABLE DIRECT SALES

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
358.45

Transaction ID : SA17A.258438

Date of Receipt
M M / D D / Y Y Y Y
01 / 07 / 2016

Amount of Each Receipt this Period
100.00

Subtotal Of Receipts This Page (optional).....▶ 466.78

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

**SCHEDULE A-P
ITEMIZED RECEIPTS**

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<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)
DONALD J. TRUMP FOR PRESIDENT, INC.

A. Full Name (Last, First, Middle Initial) ROUEN BYERS		Transaction ID : SA17A.268245	
Mailing Address 487 W ARENAS RD APT 4		Date of Receipt M M / D D / Y Y Y Y 01 / 09 / 2016	
City PALM SPRINGS	State CA	Zip Code 92262	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 58.02	
Name of Employer TIME WARNER CABLE	Occupation DIRECT SALES		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 416.47	

B. Full Name (Last, First, Middle Initial) KIM CAIN		Transaction ID : SA17A.261030	
Mailing Address P.O. BOX 605		Date of Receipt M M / D D / Y Y Y Y 01 / 21 / 2016	
City SATSUMA	State AL	Zip Code 36572	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 100.00	
Name of Employer REMEIDLA SERVICES, INC.	Occupation CORP. SECRETARY		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 701.02	

C. Full Name (Last, First, Middle Initial) NANCY CALDERONE		Transaction ID : SA17A.261250	
Mailing Address 801 INVERNESS AVENUE		Date of Receipt M M / D D / Y Y Y Y 01 / 21 / 2016	
City MELBOURNE	State FL	Zip Code 32940	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 30.00	
Name of Employer BREVARD PUBLIC SCHOOLS	Occupation TEACHER		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 210.00	

Subtotal Of Receipts This Page (optional).....▶ 188.02

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

**SCHEDULE A-P
ITEMIZED RECEIPTS**

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Detailed Summary Page

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<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)
DONALD J. TRUMP FOR PRESIDENT, INC.

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

Mailing Address 6529 PENNAN COURT

City State Zip Code
NOBLESVILLE IN 46062

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

Name of Employer Occupation
TRILOGY HEALRH SERVICES HEALRHCARE

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
600.00

Transaction ID : SA17A.255904

Date of Receipt
M M / D D / Y Y Y Y
01 / 07 / 2016

Amount of Each Receipt this Period
100.00

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

Mailing Address 57 WENDY DRIVE

City State Zip Code
FARMINGVILLE NY 11738

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

Name of Employer Occupation
MERRILL FINANCE

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
283.61

Transaction ID : SA17A.266790

Date of Receipt
M M / D D / Y Y Y Y
01 / 07 / 2016

Amount of Each Receipt this Period
27.49

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

Mailing Address 1218 WEST RIVERVIEW ROAD

City State Zip Code
FORT WASHINGTON MD 20744

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

Name of Employer Occupation
INTEGRAL CONSULTING SERVICES, INC. ANALYST

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
215.00

Transaction ID : SA17A.260820

Date of Receipt
M M / D D / Y Y Y Y
01 / 20 / 2016

Amount of Each Receipt this Period
25.00

Subtotal Of Receipts This Page (optional).....▶ 152.49

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

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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<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)
DONALD J. TRUMP FOR PRESIDENT, INC.

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

Mailing Address 5231 ZELZAH AVE.
6

City State Zip Code
ENCINO CA 91316

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

Name of Employer Occupation
PIERCE HEALTH SOLUTIONS LLC ACCOUNTANT

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.257730

Date of Receipt
M M / D D / Y Y Y Y
01 / 03 / 2016

Amount of Each Receipt this Period
250.00

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

Mailing Address 5231 ZELZAH AVE.
6

City State Zip Code
ENCINO CA 91316

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

Name of Employer Occupation
PIERCE HEALTH SOLUTIONS LLC ACCOUNTANT

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
350.00

Transaction ID : SA17A.262220

Date of Receipt
M M / D D / Y Y Y Y
01 / 25 / 2016

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
PETER M CAMARCO

Mailing Address 4442 RUTGERS WAY

City State Zip Code
SACRAMENTO CA 95821

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
400.00

Transaction ID : SA17A.260139

Date of Receipt
M M / D D / Y Y Y Y
01 / 16 / 2016

Amount of Each Receipt this Period
50.00

Subtotal Of Receipts This Page (optional).....▶ 400.00

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

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
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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)
DONALD J. TRUMP FOR PRESIDENT, INC.

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

Mailing Address 2002 N. 21ST STREET

City State Zip Code
BOISE ID 83702

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

Name of Employer Occupation
BILL CAMPBELL'S PLUMBING SERVICE, INC. CONTRACTOR

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
236.83

Transaction ID : SA17A.278056

Date of Receipt
M M / D D / Y Y Y Y
01 / 22 / 2016

Amount of Each Receipt this Period
122.27

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

Mailing Address 2200 BOWMONT DRIVE

City State Zip Code
BEVERLY HILLS CA 90210

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
632.35

Transaction ID : SA17A.288039

Date of Receipt
M M / D D / Y Y Y Y
01 / 28 / 2016

Amount of Each Receipt this Period
100.00

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

Mailing Address 3617 SOUTHVIEW AVENUE

City State Zip Code
MONTGOMERY AL 36111

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

Name of Employer Occupation
JOHN CAPELL SELF

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
210.49

Transaction ID : SA17A.266612

Date of Receipt
M M / D D / Y Y Y Y
01 / 07 / 2016

Amount of Each Receipt this Period
198.98

Subtotal Of Receipts This Page (optional).....▶ 421.25

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:

PAGE 48 / 617

(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)
DONALD J. TRUMP FOR PRESIDENT, INC.

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

Mailing Address 140 DEVON DRIVE

City State Zip Code
CLEARWATER BEACH FL 33767

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

Name of Employer Occupation
CARLSON&MEISSNER PA ATTORNEY

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
208.66

Transaction ID : SA17A.275167

Date of Receipt
M M / D D / Y Y Y Y
01 / 18 / 2016

Amount of Each Receipt this Period
208.66

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

Mailing Address 5434 KEARNY MESA ROAD
134

City State Zip Code
SAN DIEGO CA 92111

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

Name of Employer Occupation
HAMPTON INN OWNER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.258038

Date of Receipt
M M / D D / Y Y Y Y
01 / 05 / 2016

Amount of Each Receipt this Period
500.00

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

Mailing Address 4717 GUENZA RD

City State Zip Code
SANTA ROSA CA 95404

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

Name of Employer Occupation
HOGAN LAND SERVICES OWNER/ENGINEER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
267.29

Transaction ID : SA17A.263807

Date of Receipt
M M / D D / Y Y Y Y
01 / 02 / 2016

Amount of Each Receipt this Period
267.29

Subtotal Of Receipts This Page (optional).....▶ 975.95

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

**SCHEDULE A-P
ITEMIZED RECEIPTS**

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Detailed Summary Page

FOR LINE NUMBER:
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<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)
DONALD J. TRUMP FOR PRESIDENT, INC.

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

Mailing Address 3895 SE 20TH STREET

City	State	Zip Code
OCALA	FL	34471

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

Name of Employer	Occupation
SELF-EMPLOYED	DENTIST

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 1431.84

Transaction ID : SA17A.258792

Date of Receipt

M M / D D / Y Y Y Y
01 / 09 / 2016

Amount of Each Receipt this Period

500.00

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

Mailing Address 8503 TIMBER CREST

City	State	Zip Code
SAN ANTONIO	TN	78250

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

Name of Employer	Occupation
FRANKIE FRIEND AND ASSCIATES, INC.	SOFTWARE DEVELOPER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 300.00

Transaction ID : SA17A.260962

Date of Receipt

M M / D D / Y Y Y Y
01 / 21 / 2016

Amount of Each Receipt this Period

50.00

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

Mailing Address 1901 N 15TH STREET

City	State	Zip Code
ADEL	IA	50003

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

Name of Employer	Occupation
SATELLITE CENTER, LLC	PRESIDENT

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 216.76

Transaction ID : SA17A.275854

Date of Receipt

M M / D D / Y Y Y Y
01 / 19 / 2016

Amount of Each Receipt this Period

216.76

Subtotal Of Receipts This Page (optional).....▶ **766.76**

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

**SCHEDULE A-P
ITEMIZED RECEIPTS**

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<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)
DONALD J. TRUMP FOR PRESIDENT, INC.

A. Full Name (Last, First, Middle Initial)
MR. THOMAS CHAREK

Mailing Address 223 LYNDOVER WAY

City State Zip Code
BRUNSWICK OH 44212

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

Name of Employer Occupation
GEIS EXECUTIVE

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.262373

Date of Receipt

M M / D D / Y Y Y Y
01 / 26 / 2016

Amount of Each Receipt this Period

250.00

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

Mailing Address 594 VANGUARD RD. STE 2005

City State Zip Code
FORT STEWART GA 31314

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

Name of Employer Occupation
US ARMY SOLDIER 11-C

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
331.05

Transaction ID : SA17A.270351

Date of Receipt

M M / D D / Y Y Y Y
01 / 13 / 2016

Amount of Each Receipt this Period

331.05

C. Full Name (Last, First, Middle Initial)
JIMMY L CHEATHEAM

Mailing Address PO BOX 1595

City State Zip Code
WICHITA FALLS TX 76307

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

Name of Employer Occupation
DISH TV SATELLITE VIDEO RETAILER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
225.46

Transaction ID : SA17A.284036

Date of Receipt

M M / D D / Y Y Y Y
01 / 28 / 2016

Amount of Each Receipt this Period

93.26

Subtotal Of Receipts This Page (optional).....▶ 674.31

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

**SCHEDULE A-P
ITEMIZED RECEIPTS**

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<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)
DONALD J. TRUMP FOR PRESIDENT, INC.

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

Mailing Address **637 E1ST STREET
UNIT 306**

City **BOSTON** State **MA** Zip Code **02127**

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

Name of Employer **FIDELITY INVESTMENTS** Occupation **VP**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
216.34

Transaction ID : SA17A.275273

Date of Receipt
M M / D D / Y Y Y Y
01 / 18 / 2016

Amount of Each Receipt this Period
216.34

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

Mailing Address **1299 BLACK CREECK BLVD**

City **FREEPOT** State **FL** Zip Code **32439**

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

Name of Employer **SELF-EMPLOYED** Occupation **HOUSEKEEPER**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
300.00

Transaction ID : SA17A.255935

Date of Receipt
M M / D D / Y Y Y Y
01 / 08 / 2016

Amount of Each Receipt this Period
50.00

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

Mailing Address **1605 FAIRWAY DR**

City **CORONA** State **CA** Zip Code **92883**

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

Name of Employer **GOSCH AUTOMOTIVE** Occupation **SALES MANAGER**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
254.77

Transaction ID : SA17A.282796

Date of Receipt
M M / D D / Y Y Y Y
01 / 28 / 2016

Amount of Each Receipt this Period
164.73

Subtotal Of Receipts This Page (optional)..... **431.07**

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

**SCHEDULE A-P
ITEMIZED RECEIPTS**

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<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)
DONALD J. TRUMP FOR PRESIDENT, INC.

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

Mailing Address 1813 TYLER LANE

City State Zip Code
LOUISVILLE KY 40205

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
325.00

Transaction ID : SA17A.260440

Date of Receipt
M M / D D / Y Y Y Y
01 / 15 / 2016

Amount of Each Receipt this Period
25.00

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

Mailing Address 1813 TYLER LANE

City State Zip Code
LOUISVILLE KY 40205

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
350.00

Transaction ID : SA17A.262720

Date of Receipt
M M / D D / Y Y Y Y
01 / 27 / 2016

Amount of Each Receipt this Period
25.00

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

Mailing Address 28W766 MAIN ST

City State Zip Code
WARRENVILLE IL 60555

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

Name of Employer Occupation
DC ENTERPRISE DRAINAGE ENGINEER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
328.64

Transaction ID : SA17A.267136

Date of Receipt
M M / D D / Y Y Y Y
01 / 08 / 2016

Amount of Each Receipt this Period
127.87

Subtotal Of Receipts This Page (optional).....▶ 177.87

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

**SCHEDULE A-P
ITEMIZED RECEIPTS**

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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)
DONALD J. TRUMP FOR PRESIDENT, INC.

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

Mailing Address 74 HALLISTER STREET

City State Zip Code
STATEN ISLAND NY 10309

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

Name of Employer Occupation
SELF-EMPLOYED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼
237.27

Transaction ID : SA17A.266982

Date of Receipt
M M / D D / Y Y Y Y
01 / 07 / 2016

Amount of Each Receipt this Period
150.62

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

Mailing Address 4144 NORWICH CT.

City State Zip Code
ROCHESTER MI 48306

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

Name of Employer Occupation
VA CA

Receipt For: 2016
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼
220.49

Transaction ID : SA17A.272733

Date of Receipt
M M / D D / Y Y Y Y
01 / 15 / 2016

Amount of Each Receipt this Period
46.75

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

Mailing Address 5455 W. FOUR BARREL CT.

City State Zip Code
PHOENIX AZ 85713

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

Name of Employer Occupation
EAGLE KMC SELF EMPLOYED

Receipt For: 2016
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.288631

Date of Receipt
M M / D D / Y Y Y Y
01 / 30 / 2016

Amount of Each Receipt this Period
250.00

Subtotal Of Receipts This Page (optional).....▶ 447.37

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:

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(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)
DONALD J. TRUMP FOR PRESIDENT, INC.

A. Full Name (Last, First, Middle Initial) GARY COOK Mailing Address 15492 MILLSTONE RD City MCLEAN State IL Zip Code 61754 FEC ID number of contributing federal political committee. <input type="text" value="C"/> Name of Employer ILLINOIS CROP IMPROVEMENT Occupation CHIEF ANALYST Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ <input type="text" value="350.00"/>		Transaction ID : SA17A.260988 Date of Receipt M M / D D / Y Y Y Y 01 / 21 / 2016 Amount of Each Receipt this Period <input type="text" value="50.00"/>
---	--	--

B. Full Name (Last, First, Middle Initial) JAMES COOL Mailing Address 232 CEDAR LANE City NEWPORT State WA Zip Code 99156 FEC ID number of contributing federal political committee. <input type="text" value="C"/> Name of Employer SELF-EMPLOYED Occupation DENTIST Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ <input type="text" value="1000.00"/>		Transaction ID : SA17A.261589 Date of Receipt M M / D D / Y Y Y Y 01 / 21 / 2016 Amount of Each Receipt this Period <input type="text" value="1000.00"/>
--	--	--

C. Full Name (Last, First, Middle Initial) BRENDA COPELY Mailing Address 5109 THE OAKS CIRCLE City EDGEWOOD State FL Zip Code 32809 FEC ID number of contributing federal political committee. <input type="text" value="C"/> Name of Employer COPELY EYE CLINIC Occupation REGISTERED NURSE Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ <input type="text" value="680.67"/>		Transaction ID : SA17A.275588 Date of Receipt M M / D D / Y Y Y Y 01 / 19 / 2016 Amount of Each Receipt this Period <input type="text" value="152.84"/>
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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:

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(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)

DONALD J. TRUMP FOR PRESIDENT, INC.

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

GLENN CORNELIUS

Mailing Address 1011 BENTWATER PARKWAY

City State Zip Code
GRANBURY TX 76049

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
350.00

Transaction ID : SA17A.257681

Date of Receipt

M M / D D / Y Y Y Y
01 / 03 / 2016

Amount of Each Receipt this Period

250.00

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

LISA COSTELLO

Mailing Address P. O. BOX 21881

City State Zip Code
LOUISVILLE KY 40221

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

Name of Employer Occupation
SELF-EMPLOYED RACE HORSE TRAINER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
332.42

Transaction ID : SA17A.271434

Date of Receipt

M M / D D / Y Y Y Y
01 / 14 / 2016

Amount of Each Receipt this Period

180.86

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

JIM COTTON

Mailing Address PO BOX 491

City State Zip Code
CONCORD NH 03302

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

Name of Employer Occupation
HERITAGE HARLEY-DAVIDSON IT DIRECTOR

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
300.00

Transaction ID : SA17A.260947

Date of Receipt

M M / D D / Y Y Y Y
01 / 21 / 2016

Amount of Each Receipt this Period

50.00

Subtotal Of Receipts This Page (optional).....▶ 480.86

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:

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(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)

DONALD J. TRUMP FOR PRESIDENT, INC.

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

Mailing Address PO BOX 719

City State Zip Code
EDWARDS CO 81632

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.261621

Date of Receipt

M M / D D / Y Y Y Y
01 / 22 / 2016

Amount of Each Receipt this Period

250.00

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

Mailing Address 706 JENNY TRAIL

City State Zip Code
FRANKLIN LAKES NJ 07417

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

Name of Employer Occupation
EMC CONSULTING MANAGER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.260918

Date of Receipt

M M / D D / Y Y Y Y
01 / 20 / 2016

Amount of Each Receipt this Period

500.00

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

Mailing Address 706 JENNY TRAIL

City State Zip Code
FRANKLIN LAKES NJ 07417

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

Name of Employer Occupation
EMC CONSULTING MANAGER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
536.10

Transaction ID : SA17A.277452

Date of Receipt

M M / D D / Y Y Y Y
01 / 21 / 2016

Amount of Each Receipt this Period

36.10

Subtotal Of Receipts This Page (optional).....▶ 786.10

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:

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(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)

DONALD J. TRUMP FOR PRESIDENT, INC.

A. Full Name (Last, First, Middle Initial)
JOHN CRANE SR.

Mailing Address 3053 E. DESERT BROOM WAY

City State Zip Code
PHOENIX AZ 85048

FEC ID number of contributing federal political committee.

Name of Employer Occupation
JOHN CRANE SR. BUSINESS OWNER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.258556

Date of Receipt

/ /

Amount of Each Receipt this Period

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

Mailing Address 1140 TIMBERLANE DRIVE

City State Zip Code
LINCOLNTON NC 28092

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 : SA17A.260946

Date of Receipt

/ /

Amount of Each Receipt this Period

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

Mailing Address 321 TASKER AVENUE

City State Zip Code
FOLSOM PA 19033

FEC ID number of contributing federal political committee.

Name of Employer Occupation
NAVAL SURFACE WARFARE CENTER CHEMICAL ENGINEER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.260230

Date of Receipt

/ /

Amount of Each Receipt this Period

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)
DONALD J. TRUMP FOR PRESIDENT, INC.

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

Mailing Address **BOX 356**

City State Zip Code
MONUMENT BEACH MA 02553

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

Name of Employer Occupation
OCB OPHTHALMOLOGY

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1500.00

Transaction ID : SA17A.288210

Date of Receipt
M M / D D / Y Y Y Y
01 28 2016

Amount of Each Receipt this Period
1000.00

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

Mailing Address **171 NAVAHO TRAIL**

City State Zip Code
GEORGETOWN SC 29440

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

Name of Employer Occupation
SELF-EMPLOYED PHYSICIAN

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.263042

Date of Receipt
M M / D D / Y Y Y Y
01 28 2016

Amount of Each Receipt this Period
250.00

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

Mailing Address **2840 WEST SIDE ROAD**

City State Zip Code
NORTH CONWAY NH 03860

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

Name of Employer Occupation
LOBSTER TRAP INC OWNER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
267.39

Transaction ID : SA17A.280889

Date of Receipt
M M / D D / Y Y Y Y
01 26 2016

Amount of Each Receipt this Period
157.16

Subtotal Of Receipts This Page (optional)..... **1407.16**

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:

PAGE 64 / 617

(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)
DONALD J. TRUMP FOR PRESIDENT, INC.

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

Mailing Address 73 BLOOD ROAD, PO BOX 806

City State Zip Code
HOLLIS NH 03049

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

Name of Employer Occupation
CURRAN MANAGEMENT LLC PRESIDENT

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.262476

Date of Receipt
M M / D D / Y Y Y Y
01 / 26 / 2016

Amount of Each Receipt this Period
250.00

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

Mailing Address 1719 E FINCH RD

City State Zip Code
HAYDEN LAKE ID 83835

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

Name of Employer Occupation
NORTHWEST WASTE AND RECYCLING OWNER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1500.00

Transaction ID : SA17A.288073

Date of Receipt
M M / D D / Y Y Y Y
01 / 28 / 2016

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
MR. JAMES W DAVIS

Mailing Address 13300 DELAFIELD AVENUE

City State Zip Code
HAWTHORNE CA 90250

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

Name of Employer Occupation
STERLING EXECUTIVE

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
239.69

Transaction ID : SA17A.257296

Date of Receipt
M M / D D / Y Y Y Y
01 / 01 / 2016

Amount of Each Receipt this Period
25.00

Subtotal Of Receipts This Page (optional).....▶ 775.00

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

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(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)

DONALD J. TRUMP FOR PRESIDENT, INC.

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

MR. JAMES W DAVIS

Mailing Address 13300 DELAFIELD AVENUE

City State Zip Code
HAWTHORNE CA 90250

FEC ID number of contributing federal political committee.

Name of Employer Occupation
STERLING EXECUTIVE

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.259353

Date of Receipt

/ /

Amount of Each Receipt this Period

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

IVAN DAY

Mailing Address 7319 N MONROE

City State Zip Code
SPOKANE WA 99208

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 : SA17A.262837

Date of Receipt

/ /

Amount of Each Receipt this Period

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

DENNIS DEAN

Mailing Address 51 NAUTILUS DRIVE

City State Zip Code
LEONARDO NJ 07737

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 : SA17A.271188

Date of Receipt

/ /

Amount of Each Receipt this Period

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

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(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)
DONALD J. TRUMP FOR PRESIDENT, INC.

A. Full Name (Last, First, Middle Initial)
FRANCINE DE FALCO

Mailing Address 902 SW GRAND RESERVE BLVD

City State Zip Code
PORT SAINT LUCIE FL 34986

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.64

Transaction ID : SA17A.270123

Date of Receipt
M M / D D / Y Y Y Y
01 / 12 / 2016

Amount of Each Receipt this Period
38.59

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

Mailing Address 1195 TEMPLE HILLS DR.

City State Zip Code
LAGUNA BEACH CA 92651

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

Name of Employer Occupation
YURPAL, INC. CEO

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
636.67

Transaction ID : SA17A.261092

Date of Receipt
M M / D D / Y Y Y Y
01 / 21 / 2016

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
MARK DELLE CHIAIE

Mailing Address 41 ASHLAND ST

City State Zip Code
HAVERHILL MA 01830

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

Name of Employer Occupation
SELF-EMPLOYED MAKING AMERICA GREAT AGAIN

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
211.44

Transaction ID : SA17A.267731

Date of Receipt
M M / D D / Y Y Y Y
01 / 08 / 2016

Amount of Each Receipt this Period
111.44

Subtotal Of Receipts This Page (optional).....▶ 250.03

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
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NAME OF COMMITTEE (In Full)
DONALD J. TRUMP FOR PRESIDENT, INC.

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

Mailing Address 4791 N. MINER RD.

City State Zip Code
PRESCOTT VALLEY AZ 86314

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
254.01

Transaction ID : SA17A.287126

Date of Receipt
M M / D D / Y Y Y Y
01 / 31 / 2016

Amount of Each Receipt this Period
129.01

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

Mailing Address 228 VILLAGE WAY

City State Zip Code
MARTINSBURG PA 16662

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

Name of Employer Occupation
CSR PHYSICIAN

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.257573

Date of Receipt
M M / D D / Y Y Y Y
01 / 02 / 2016

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
JOHN J. DONAGHY

Mailing Address 9022 130TH WAY N.

City State Zip Code
SEMINOLE FL 33776

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
600.00

Transaction ID : SA17A.255824

Date of Receipt
M M / D D / Y Y Y Y
01 / 04 / 2016

Amount of Each Receipt this Period
100.00

Subtotal Of Receipts This Page (optional).....▶ 729.01

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

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ITEMIZED RECEIPTS**

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

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(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)

DONALD J. TRUMP FOR PRESIDENT, INC.

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

Mailing Address 136 MONARCH BAY DRIVE

City State Zip Code
MONARCH BEACH CA 92629

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

Name of Employer Occupation
GILLERAN GRIFFIN REALTORS REALTOR

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
471.99

Transaction ID : SA17A.266857

Date of Receipt

M M / D D / Y Y Y Y
01 / 07 / 2016

Amount of Each Receipt this Period

340.47

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

Mailing Address 4872 PINEMORE LANE

City State Zip Code
LAKE WORTH FL 33463

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
208.86

Transaction ID : SA17A.288517

Date of Receipt

M M / D D / Y Y Y Y
01 / 30 / 2016

Amount of Each Receipt this Period

100.00

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

Mailing Address 11640 N. TATUM BLVD.
UNIT 3021

City State Zip Code
PHOENIX AZ 85028

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

Name of Employer Occupation
DEPENDABLE STAFFING OF PHOENIX, PHARMACIST
AZ

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
600.00

Transaction ID : SA17A.262443

Date of Receipt

M M / D D / Y Y Y Y
01 / 26 / 2016

Amount of Each Receipt this Period

250.00

Subtotal Of Receipts This Page (optional).....▶ 690.47

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 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)
DONALD J. TRUMP FOR PRESIDENT, INC.

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

Mailing Address 6195 NORTHERN BLVD

City State Zip Code
EAST NORWICH NY 11732

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.261929

Date of Receipt

M M / D D / Y Y Y Y
01 / 23 / 2016

Amount of Each Receipt this Period

250.00

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

Mailing Address 45 BACON STREET

City State Zip Code
WINCHESTER MA 01890

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

Name of Employer Occupation
THE DUNLEAVY CORPORATION BUILDER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
252.36

Transaction ID : SA17A.275378

Date of Receipt

M M / D D / Y Y Y Y
01 / 19 / 2016

Amount of Each Receipt this Period

152.36

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

Mailing Address 607 DEPEW ST

City State Zip Code
PEEKSKILL NY 10566-5501

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
241.54

Transaction ID : SA17A.276676

Date of Receipt

M M / D D / Y Y Y Y
01 / 20 / 2016

Amount of Each Receipt this Period

73.56

Subtotal Of Receipts This Page (optional).....▶ 475.92

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)
DONALD J. TRUMP FOR PRESIDENT, INC.

A. Full Name (Last, First, Middle Initial) RICHARD DYESS Mailing Address 13122 KRAMERIA ST City THORNTON State CO Zip Code 80602 FEC ID number of contributing federal political committee. C Name of Employer ADVANTAGE SERVICES INC. Occupation OWNER/CEO Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ Amount of Each Receipt this Period 250.00		Transaction ID : SA17A.261700 Date of Receipt M M / D D / Y Y Y Y 01 / 22 / 2016
---	--	--

B. Full Name (Last, First, Middle Initial) JENNIFER EARNEST Mailing Address 2155 SW LOCKS RD City STUART State FL Zip Code 34997 FEC ID number of contributing federal political committee. C Name of Employer HILL FDTN Occupation VP Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ Amount of Each Receipt this Period 242.29		Transaction ID : SA17A.282154 Date of Receipt M M / D D / Y Y Y Y 01 / 27 / 2016
--	--	--

C. Full Name (Last, First, Middle Initial) MR. MILT EARNHART Mailing Address 5701 FREE FERRY RD City FORT SMITH State AR Zip Code 72903 FEC ID number of contributing federal political committee. C Name of Employer INFORMATION REQUESTED Occupation INFORMATION REQUESTED Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ Amount of Each Receipt this Period 400.00		Transaction ID : SA17A.257109 Date of Receipt M M / D D / Y Y Y Y 01 / 13 / 2016
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Subtotal Of Receipts This Page (optional).....▶ **692.29**

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:

PAGE 76 / 617

(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)
DONALD J. TRUMP FOR PRESIDENT, INC.

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

Mailing Address 182 UNION AVENUE

City HARRISON State NY Zip Code 10528

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

Name of Employer MORNINGSIDE Occupation TRANSLATOR

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.260603

Date of Receipt
MM / DD / YYYY
01 / 19 / 2016

Amount of Each Receipt this Period
2700.00

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

Mailing Address 182 UNION AVENUE

City HARRISON State NY Zip Code 10528

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

Name of Employer MORNINGSIDE Occupation TRANSLATOR

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2960.53

Transaction ID : SA17A.275955

Date of Receipt
MM / DD / YYYY
01 / 19 / 2016

Amount of Each Receipt this Period
260.53

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

Mailing Address 182 UNION AVENUE

City HARRISON State NY Zip Code 10528

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

Name of Employer MORNINGSIDE Occupation TRANSLATOR

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.275955.0

Date of Receipt
MM / DD / YYYY
01 / 19 / 2016

REDESIGNATED TO GENERAL

Amount of Each Receipt this Period
-260.53

[MEMO ITEM]

Subtotal Of Receipts This Page (optional).....▶ 2960.53

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)
DONALD J. TRUMP FOR PRESIDENT, INC.

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

Mailing Address 3466 BEAM DR

City State Zip Code
LAS VEGAS NV 89139

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

Name of Employer Occupation
V.A. PHYSICIAN

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
270.00

Transaction ID : SA17A.260394

Date of Receipt
M M / D D / Y Y Y Y
01 / 18 / 2016

Amount of Each Receipt this Period
10.00

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

Mailing Address 3466 BEAM DR

City State Zip Code
LAS VEGAS NV 89139

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

Name of Employer Occupation
V.A. PHYSICIAN

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
295.00

Transaction ID : SA17A.261812

Date of Receipt
M M / D D / Y Y Y Y
01 / 22 / 2016

Amount of Each Receipt this Period
25.00

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

Mailing Address 3466 BEAM DR

City State Zip Code
LAS VEGAS NV 89139

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

Name of Employer Occupation
V.A. PHYSICIAN

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
305.00

Transaction ID : SA17A.288316

Date of Receipt
M M / D D / Y Y Y Y
01 / 29 / 2016

Amount of Each Receipt this Period
10.00

Subtotal Of Receipts This Page (optional).....▶ 45.00

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)
DONALD J. TRUMP FOR PRESIDENT, INC.

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

Mailing Address **3466 BEAM DR**

City State Zip Code
LAS VEGAS NV 89139

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

Name of Employer Occupation
V.A. PHYSICIAN

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
315.00

Transaction ID : SA17A.288665

Date of Receipt
M M / D D / Y Y Y Y
01 31 2016

Amount of Each Receipt this Period
10.00

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

Mailing Address **2177 WARD DRIVE**

City State Zip Code
WALNUT CREEK CA 94596

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
207.35

Transaction ID : SA17A.261248

Date of Receipt
M M / D D / Y Y Y Y
01 21 2016

Amount of Each Receipt this Period
25.00

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

Mailing Address **2483 ROBBINS CT**

City State Zip Code
WASHINGTON IA 52353

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

Name of Employer Occupation
HUBER SLATS OFFICE MANAGER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
282.16

Transaction ID : SA17A.281023

Date of Receipt
M M / D D / Y Y Y Y
01 26 2016

Amount of Each Receipt this Period
282.16

Subtotal Of Receipts This Page (optional)..... **317.16**

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)
DONALD J. TRUMP FOR PRESIDENT, INC.

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

Mailing Address 118 JEFFREY PLACE

City	State	Zip Code
SMYRNA	GA	30082

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
EXECUTIVE AFFILIATES, INV	VICE PRESIDENT OF OPERATIONS

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.259535

Date of Receipt

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

Amount of Each Receipt this Period

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

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

Mailing Address 9030 MORTON STATION BLVD
162

City	State	Zip Code
LORTON	VA	22079

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
U.S. ARMY	CIVILIAN

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.261807

Date of Receipt

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

Amount of Each Receipt this Period

<input type="text" value="100.00"/>

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

Mailing Address PO BOX 603

City	State	Zip Code
OAKLAND	ME	04963

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
SELF-EMPLOYED	CARE GIVER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.287803

Date of Receipt

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

Amount of Each Receipt this Period

<input type="text" value="267.29"/>

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)
DONALD J. TRUMP FOR PRESIDENT, INC.

A. Full Name (Last, First, Middle Initial)
JUAN C FARIAS

Mailing Address **8237 BREAKERS BLVD**

City State Zip Code
SOUTH PADRE ISLAND TX 78597

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

Name of Employer Occupation
SAN MARTIN HOME HEALTH, INC INVESTOR

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
350.00

Transaction ID : SA17A.261108

Date of Receipt
M M / D D / Y Y Y Y
01 21 2016

Amount of Each Receipt this Period
50.00

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

Mailing Address **69 BRISTOL VIEW DRIVE**

City State Zip Code
FAIRPORT NY 14450

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
220.34

Transaction ID : SA17A.268057

Date of Receipt
M M / D D / Y Y Y Y
01 09 2016

Amount of Each Receipt this Period
27.49

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

Mailing Address **69 BRISTOL VIEW DRIVE**

City State Zip Code
FAIRPORT NY 14450

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
247.83

Transaction ID : SA17A.268184

Date of Receipt
M M / D D / Y Y Y Y
01 09 2016

Amount of Each Receipt this Period
27.49

Subtotal Of Receipts This Page (optional)..... **104.98**

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)
DONALD J. TRUMP FOR PRESIDENT, INC.

A. Full Name (Last, First, Middle Initial)
JOHN T. FARRELL

Mailing Address **345 W 145TH ST
APT. 8C3**

City **NEW YORK** State **NY** Zip Code **10031**

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

Name of Employer **AVISON YOUNG** Occupation **REAL ESTATE**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
350.00

Transaction ID : SA17A.259312

Date of Receipt
M M / D D / Y Y Y Y
01 / 12 / 2016

Amount of Each Receipt this Period
250.00

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

Mailing Address **803 A FOSTER LANE**

City **WARRENSBURG** State **MO** Zip Code **64093**

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 ▼
279.77

Transaction ID : SA17A.269309

Date of Receipt
M M / D D / Y Y Y Y
01 / 11 / 2016

Amount of Each Receipt this Period
110.66

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

Mailing Address **6119 E. CLIFFWAY DRIVE**

City **ORANGE** State **CA** Zip Code **92869**

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

Name of Employer **HOMEMAKER** Occupation **HOMEMAKER**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
410.00

Transaction ID : SA17A.259033

Date of Receipt
M M / D D / Y Y Y Y
01 / 11 / 2016

Amount of Each Receipt this Period
50.00

Subtotal Of Receipts This Page (optional)..... **410.66**

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)
DONALD J. TRUMP FOR PRESIDENT, INC.

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

Mailing Address **6119 E. CLIFFWAY DRIVE**

City State Zip Code
ORANGE CA 92869

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

Name of Employer Occupation
HOMEMAKER HOMEMAKER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
450.00

Transaction ID : SA17A.262561

Date of Receipt
M M / D D / Y Y Y Y
01 27 2016

Amount of Each Receipt this Period
40.00

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

Mailing Address **16085 CAMERON WAY**

City State Zip Code
BROOMFIELD CO 80023

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
225.00

Transaction ID : SA17A.288809

Date of Receipt
M M / D D / Y Y Y Y
01 31 2016

Amount of Each Receipt this Period
25.00

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

Mailing Address **381 WANOOSNOC RD**

City State Zip Code
FITCHBURG MA 01420

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

Name of Employer Occupation
A-ALERT OWNER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1250.00

Transaction ID : SA17A.261273

Date of Receipt
M M / D D / Y Y Y Y
01 21 2016

Amount of Each Receipt this Period
250.00

Subtotal Of Receipts This Page (optional)..... **315.00**

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)
DONALD J. TRUMP FOR PRESIDENT, INC.

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

Mailing Address 117 ANNAPOLIS LANE

City State Zip Code
PONTE VEDRA BEACH FL 32082

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.258353

Date of Receipt
M M / D D / Y Y Y Y
01 / 06 / 2016

Amount of Each Receipt this Period
250.00

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

Mailing Address 1708 NW ELM AVE.

City State Zip Code
LAWTON OK 73507

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

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
325.00

Transaction ID : SA17A.256961

Date of Receipt
M M / D D / Y Y Y Y
01 / 13 / 2016

Amount of Each Receipt this Period
75.00

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

Mailing Address 1785 QUEEN ST

City State Zip Code
TITUSVILLE FL 32780

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

Name of Employer Occupation
NASA ENGINEER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.259676

Date of Receipt
M M / D D / Y Y Y Y
01 / 14 / 2016

Amount of Each Receipt this Period
250.00

Subtotal Of Receipts This Page (optional).....▶ 575.00

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)
DONALD J. TRUMP FOR PRESIDENT, INC.

A. Full Name (Last, First, Middle Initial) CASEY FORD		Transaction ID : SA17A.278161	
Mailing Address 85 EAST INDIA ROW 40H		Date of Receipt M M / D D / Y Y Y Y 01 / 22 / 2016	
City BOSTON	State MA	Zip Code 02110	
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>	
Name of Employer CASEY FORD	Occupation OWNER		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ <input type="text" value="236.63"/>	
		Amount of Each Receipt this Period <input type="text" value="236.63"/>	

B. Full Name (Last, First, Middle Initial) JACK FORER		Transaction ID : SA17A.287973	
Mailing Address 9715 W. BROWARD BLVD. 165		Date of Receipt M M / D D / Y Y Y Y 01 / 28 / 2016	
City PLANTATION	State FL	Zip Code 33020	
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>	
Name of Employer CHRIS HARRIS, PA	Occupation PARALEGAL		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ <input type="text" value="203.17"/>	
		Amount of Each Receipt this Period <input type="text" value="100.00"/>	

C. Full Name (Last, First, Middle Initial) WILLIAM FOSTER		Transaction ID : SA17A.255883	
Mailing Address 389 S. LAKE DR.		Date of Receipt M M / D D / Y Y Y Y 01 / 05 / 2016	
City PALM BEACH	State FL	Zip Code 33480	
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>	
Name of Employer RETIRED	Occupation RETIRED		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ <input type="text" value="700.00"/>	
		Amount of Each Receipt this Period <input type="text" value="100.00"/>	

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)
DONALD J. TRUMP FOR PRESIDENT, INC.

A. Full Name (Last, First, Middle Initial) CAROL FOULDS		Transaction ID : SA17A.261076	
Mailing Address 15137 ROSEWOOD DR.		Date of Receipt M M / D D / Y Y Y Y 01 / 21 / 2016	
City LEAWOOD	State KS	Zip Code 66224	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 25.00	
Name of Employer MIDWEST DERMATOLOGY	Occupation PHYSICIAN		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 290.79		

B. Full Name (Last, First, Middle Initial) RANDY FOWLER		Transaction ID : SA17A.261071	
Mailing Address 1660 CHURCH STREET SE		Date of Receipt M M / D D / Y Y Y Y 01 / 21 / 2016	
City CLEVELAND	State TN	Zip Code 37311	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 100.00	
Name of Employer FOWLER INDUSTRIAL PLATING LLC	Occupation INDUSTRIAL CHEMIST		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 700.00		

C. Full Name (Last, First, Middle Initial) GLENN FRANCIS		Transaction ID : SA17A.260871	
Mailing Address PO BOX 127		Date of Receipt M M / D D / Y Y Y Y 01 / 20 / 2016	
City SWAMPSCOTT	State MA	Zip Code 01907	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 50.00	
Name of Employer BALANCED CORPORATE SOLUTIONS, LLC	Occupation CONSULTANT		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 223.18		

Subtotal Of Receipts This Page (optional).....▶ 175.00

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:

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(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)
DONALD J. TRUMP FOR PRESIDENT, INC.

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

Mailing Address **PO BOX 127**

City **SWAMPSCOTT** State **MA** Zip Code **01907**

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

Name of Employer **BALANCED CORPORATE SOLUTIONS, LLC** Occupation **CONSULTANT**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
344.48

Transaction ID : SA17A.276921

Date of Receipt
M M / D D / Y Y Y Y
01 / 20 / 2016

Amount of Each Receipt this Period
121.30

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

Mailing Address **11851 NE GLENN WIDING DR**

City **PORTLAND** State **OR** Zip Code **97220**

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

Name of Employer **INVICTUS** Occupation **SALES**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
394.10

Transaction ID : SA17A.263740

Date of Receipt
M M / D D / Y Y Y Y
01 / 02 / 2016

Amount of Each Receipt this Period
155.65

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

Mailing Address **2560 MONTICELLO RD**

City **MADISON** State **GA** Zip Code **30650**

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 ▼
400.00

Transaction ID : SA17A.261186

Date of Receipt
M M / D D / Y Y Y Y
01 / 21 / 2016

Amount of Each Receipt this Period
80.00

Subtotal Of Receipts This Page (optional)..... **356.95**

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 92 / 617

<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)

DONALD J. TRUMP FOR PRESIDENT, INC.

A. Full Name (Last, First, Middle Initial)
JOSEPH FREITAS III

Mailing Address PO BOX 677

City State Zip Code
LA PINE OR 97739

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
300.00

Transaction ID : SA17A.258145

Date of Receipt

M M / D D / Y Y Y Y
01 / 05 / 2016

Amount of Each Receipt this Period

100.00

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

Mailing Address 19750 ESTANCIA TERRACE

City State Zip Code
ASHBURN VA 20147

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

Name of Employer Occupation
SYSCO SALES

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
282.35

Transaction ID : SA17A.271225

Date of Receipt

M M / D D / Y Y Y Y
01 / 14 / 2016

Amount of Each Receipt this Period

32.35

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

Mailing Address P.O. BOX 3245

City State Zip Code
HAMILTON NJ 08619

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

Name of Employer Occupation
THE FRUSCIONE COMPANY LLC REAL ESTATE

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
280.76

Transaction ID : SA17A.267236

Date of Receipt

M M / D D / Y Y Y Y
01 / 08 / 2016

Amount of Each Receipt this Period

280.76

Subtotal Of Receipts This Page (optional).....▶ 413.11

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:

PAGE 94 / 617

(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)

DONALD J. TRUMP FOR PRESIDENT, INC.

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

Mailing Address 3034 30TH WEST

City State Zip Code
SEATTLE WA 98199

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

Name of Employer Occupation
J. MICHAEL GALLAGHER, ATTORNEY ATTORNEY

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
430.62

Transaction ID : SA17A.287847

Date of Receipt

M M / D D / Y Y Y Y
01 / 31 / 2016

Amount of Each Receipt this Period

89.97

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

Mailing Address 14931 HORSESHOE TRACE

City State Zip Code
WELLINGTON FL 33414

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
204.91

Transaction ID : SA17A.280173

Date of Receipt

M M / D D / Y Y Y Y
01 / 25 / 2016

Amount of Each Receipt this Period

118.27

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

Mailing Address 17632 CANDLEWOOD TER

City State Zip Code
BOCA RATON FL 33487

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

Name of Employer Occupation
AAWP OWNER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
254.58

Transaction ID : SA17A.261025

Date of Receipt

M M / D D / Y Y Y Y
01 / 21 / 2016

Amount of Each Receipt this Period

20.00

Subtotal Of Receipts This Page (optional).....▶ 228.24

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)
DONALD J. TRUMP FOR PRESIDENT, INC.

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

Mailing Address 402 KEYSTONE LOOP

City State Zip Code
HOUMA LA 70360

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

Name of Employer Occupation
VANGUARD VACUUM TRUCKS VP

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
616.41

Transaction ID : SA17A.265486

Date of Receipt
M M / D D / Y Y Y Y
01 / 05 / 2016

Amount of Each Receipt this Period
246.38

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

Mailing Address 78 WIMBLEDON XING

City State Zip Code
DRACUT MA 01826

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

Name of Employer Occupation
SONIAN, INC. CONTENT DEVELOPMENT

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
240.08

Transaction ID : SA17A.270703

Date of Receipt
M M / D D / Y Y Y Y
01 / 13 / 2016

Amount of Each Receipt this Period
175.36

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

Mailing Address 10001 METROPOLITAN AVE

City State Zip Code
FOREST HILLS NY 11375

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

Name of Employer Occupation
VIOLATION REMOVAL INC. NYC PROPERTY VIOLATION REMOVAL EXPERT

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
215.19

Transaction ID : SA17A.269389

Date of Receipt
M M / D D / Y Y Y Y
01 / 11 / 2016

Amount of Each Receipt this Period
42.56

Subtotal Of Receipts This Page (optional).....▶ 464.30

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)
DONALD J. TRUMP FOR PRESIDENT, INC.

A. Full Name (Last, First, Middle Initial) DANIEL GERLICH		Transaction ID : SA17A.276641 Date of Receipt M M / D D / Y Y Y Y 01 / 20 / 2016
Mailing Address 10001 METROPOLITAN AVE City State Zip Code FOREST HILLS NY 11375		Amount of Each Receipt this Period 58.45
FEC ID number of contributing federal political committee. C		
Name of Employer VIOLATION REMOVAL INC.	Occupation NYC PROPERTY VIOLATION REMOVAL EXP	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 273.64

B. Full Name (Last, First, Middle Initial) SALLY GEYER		Transaction ID : SA17A.267824 Date of Receipt M M / D D / Y Y Y Y 01 / 08 / 2016
Mailing Address 500 SPRUCE STREET City State Zip Code SAINT MARYS PA 15857		Amount of Each Receipt this Period 60.52
FEC ID number of contributing federal political committee. C		
Name of Employer RETIRED	Occupation RETIRED	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 255.75

C. Full Name (Last, First, Middle Initial) RONALD GILBERT		Transaction ID : SA17A.264227 Date of Receipt M M / D D / Y Y Y Y 01 / 03 / 2016
Mailing Address P.O. BOX 17095 City State Zip Code PHOENIX AZ 85011		Amount of Each Receipt this Period 99.18
FEC ID number of contributing federal political committee. C		
Name of Employer SERVICE PLUMBING	Occupation PLUMBER	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 263.47

Subtotal Of Receipts This Page (optional).....▶ 218.15

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:

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(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)

DONALD J. TRUMP FOR PRESIDENT, INC.

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

MR. CLAUDE F GILES

Mailing Address PO BOX 1330

City	State	Zip Code
SEQUIM	WA	98382

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

Name of Employer	Occupation
INFORMATION REQUESTED	INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 300.00

Transaction ID : SA17A.257203

Date of Receipt

M M / D D / Y Y Y Y
01 / 19 / 2016

Amount of Each Receipt this Period

_____ 100.00

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

DENNIS GILSTAD

Mailing Address 7255 EAST BALDWIN ROAD

City	State	Zip Code
GRAND BLANC	MI	48439

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

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 1040.38

Transaction ID : SA17A.284869

Date of Receipt

M M / D D / Y Y Y Y
01 / 29 / 2016

Amount of Each Receipt this Period

_____ 40.38

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

JIM GLASGOW

Mailing Address 3274 DUBUQUE ST. NE

City	State	Zip Code
IOWA CITY	IA	52240

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

Name of Employer	Occupation
METRO PLUMBING	PLUMBER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 550.00

Transaction ID : SA17A.258429

Date of Receipt

M M / D D / Y Y Y Y
01 / 07 / 2016

Amount of Each Receipt this Period

_____ 100.00

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

_____ 240.38

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)
DONALD J. TRUMP FOR PRESIDENT, INC.

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

Mailing Address 1251 HOLLYSPRINGS LANE

City	State	Zip Code
SANTA MARIA	CA	93455

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

Name of Employer	Occupation
CATHRYNE GLENN CPA	OWNER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 300.00

Transaction ID : SA17A.261493

Date of Receipt

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

Amount of Each Receipt this Period
 _____ 50.00

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

Mailing Address 1668 DEL ORO CIRCLE

City	State	Zip Code
PETALUMA	CA	94954

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

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 258.11

Transaction ID : SA17A.269341

Date of Receipt

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

Amount of Each Receipt this Period
 _____ 131.05

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

Mailing Address 36 LIBERTY STREET

City	State	Zip Code
MADISON	CT	06443

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

Name of Employer	Occupation
UNICOMM	EXEC

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 223.89

Transaction ID : SA17A.267461

Date of Receipt

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

Amount of Each Receipt this Period
 _____ 64.25

Subtotal Of Receipts This Page (optional).....▶ _____ 245.30

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)
DONALD J. TRUMP FOR PRESIDENT, INC.

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

Mailing Address 19550 VICTORY CHAPEL RD

City State Zip Code
NOBLESVILLE IN 46060

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

Name of Employer Occupation
ATMI INDY, LLC BUSINESS DEVELOPMENT

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
300.00

Transaction ID : SA17A.260538

Date of Receipt

M M / D D / Y Y Y Y
01 / 19 / 2016

Amount of Each Receipt this Period

50.00

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

Mailing Address 201 MERCHANT ST.
1940

City State Zip Code
HONOLULU HI 96813

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

Name of Employer Occupation
SELF-EMPLOYED ATTORNEY

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.262774

Date of Receipt

M M / D D / Y Y Y Y
01 / 27 / 2016

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)
SHERRY LYNN GROS

Mailing Address 7310 LAKEVIEW DR E

City State Zip Code
MOBILE AL 36695

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
225.81

Transaction ID : SA17A.284044

Date of Receipt

M M / D D / Y Y Y Y
01 / 28 / 2016

Amount of Each Receipt this Period

225.81

Subtotal Of Receipts This Page (optional).....▶ 525.81

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)
DONALD J. TRUMP FOR PRESIDENT, INC.

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

Mailing Address PO BOX 1173

City State Zip Code
LYNNWOOD WA 98046

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.288324

Date of Receipt

M M / D D / Y Y Y Y
01 / 29 / 2016

Amount of Each Receipt this Period

250.00

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

Mailing Address 933 BOWENS MILL RD S.W.

City State Zip Code
DOUGLAS GA 31533

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

Name of Employer Occupation
AUTO MART SALES

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
215.08

Transaction ID : SA17A.268454

Date of Receipt

M M / D D / Y Y Y Y
01 / 09 / 2016

Amount of Each Receipt this Period

215.08

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

Mailing Address 1811 HARBOUR VIEW DRIVE

City State Zip Code
LENOIR CITY TN 37772

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

Name of Employer Occupation
ATP MARKETING MGR

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.260517

Date of Receipt

M M / D D / Y Y Y Y
01 / 18 / 2016

Amount of Each Receipt this Period

250.00

Subtotal Of Receipts This Page (optional).....▶ 715.08

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)
DONALD J. TRUMP FOR PRESIDENT, INC.

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

Mailing Address **560 E SOUTH TEMPLE
APT. 703**

City **SALT LAKE CITY** State **UT** Zip Code **84102**

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

Name of Employer **SINCLAIR OIL & GAS COMPANY** Occupation **LAND MANAGER & ATTORNEY (STATE BAR**

Receipt For: 2016
 Primary General
 Other (specify) **Election Cycle-to-Date** **400.00**

Transaction ID : SA17A.256977

Date of Receipt
M M / D D / Y Y Y Y
01 / 13 / 2016

Amount of Each Receipt this Period
200.00

B. Full Name (Last, First, Middle Initial)
C JORDAN HADWIN

Mailing Address **522 SRONEMASON DR**

City **MYRTLE BEACH** State **SC** Zip Code **29579**

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

Name of Employer **HADWIN-WHITE BUICK GMC** Occupation **GENERAL MANAGER**

Receipt For: 2016
 Primary General
 Other (specify) **Election Cycle-to-Date** **250.00**

Transaction ID : SA17A.262319

Date of Receipt
M M / D D / Y Y Y Y
01 / 26 / 2016

Amount of Each Receipt this Period
250.00

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

Mailing Address **1011 AUGUSTA ST**

City **BLUEFIELD** State **WV** Zip Code **24701**

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** **207.10**

Transaction ID : SA17A.255802

Date of Receipt
M M / D D / Y Y Y Y
01 / 04 / 2016

Amount of Each Receipt this Period
25.00

Subtotal Of Receipts This Page (optional)..... **475.00**

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)
DONALD J. TRUMP FOR PRESIDENT, INC.

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

Mailing Address 3057 NORTH ROAD 1212

City	State	Zip Code
STANTON	TX	79782

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

Name of Employer	Occupation
HALE FARMS	COTTON FARMER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 501.49

Transaction ID : SA17A.273935

Date of Receipt

M M / D D / Y Y Y Y
01 / 17 / 2016

Amount of Each Receipt this Period

_____ 136.77

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

Mailing Address 3057 NORTH ROAD 1212

City	State	Zip Code
STANTON	TX	79782

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

Name of Employer	Occupation
HALE FARMS	COTTON FARMER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 581.36

Transaction ID : SA17A.286619

Date of Receipt

M M / D D / Y Y Y Y
01 / 30 / 2016

Amount of Each Receipt this Period

_____ 79.87

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

Mailing Address 1177 QUEEN STREET PH2

City	State	Zip Code
HONOLULU	HI	96814

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

Name of Employer	Occupation
INSURANCE ASSOCIATES	DIRECTOR OF SALES

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 537.66

Transaction ID : SA17A.266697

Date of Receipt

M M / D D / Y Y Y Y
01 / 07 / 2016

Amount of Each Receipt this Period

_____ 196.30

Subtotal Of Receipts This Page (optional).....▶ _____ 412.94

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)
DONALD J. TRUMP FOR PRESIDENT, INC.

A. Full Name (Last, First, Middle Initial)
LEWIS M HALL

Mailing Address 466 LEE RD 601

City State Zip Code
PHENIX CITY AL 36870

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.260987

Date of Receipt
M M / D D / Y Y Y Y
01 / 21 / 2016

Amount of Each Receipt this Period
50.00

B. Full Name (Last, First, Middle Initial)
MARLAJEAN A HAMBY

Mailing Address 54 PERCIVAL COURT

City State Zip Code
PAWLEYS ISLAND SC 29585

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
300.00

Transaction ID : SA17A.257061

Date of Receipt
M M / D D / Y Y Y Y
01 / 13 / 2016

Amount of Each Receipt this Period
100.00

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

Mailing Address 87 EAST EMERSON STREET

City State Zip Code
MELROSE MA 02176

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

Name of Employer Occupation
OLDE MOHAWK INC MASON

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
389.76

Transaction ID : SA17A.262621

Date of Receipt
M M / D D / Y Y Y Y
01 / 27 / 2016

Amount of Each Receipt this Period
100.00

Subtotal Of Receipts This Page (optional).....▶ 250.00

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)
DONALD J. TRUMP FOR PRESIDENT, INC.

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

Mailing Address 50160 BIRCH GROVE ST
0

City State Zip Code
KENAI AK 99611

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

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
372.58

Transaction ID : SA17A.266324

Date of Receipt
M M / D D / Y Y Y Y
01 / 06 / 2016

Amount of Each Receipt this Period
55.76

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

Mailing Address 18541 KINGBIRD DR

City State Zip Code
LUTZ FL 33558

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

Name of Employer Occupation
PROGRESSIVE FLOORING MANAGER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
216.38

Transaction ID : SA17A.278556

Date of Receipt
M M / D D / Y Y Y Y
01 / 22 / 2016

Amount of Each Receipt this Period
32.35

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

Mailing Address 228 WATER MILL TOWD RD

City State Zip Code
WATER MILL NY 11976

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

Name of Employer Occupation
OLH SCHOOL TEACHER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
257.29

Transaction ID : SA17A.263900

Date of Receipt
M M / D D / Y Y Y Y
01 / 02 / 2016

Amount of Each Receipt this Period
157.29

Subtotal Of Receipts This Page (optional).....▶ 245.40

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)
DONALD J. TRUMP FOR PRESIDENT, INC.

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

Mailing Address 117 BONNIE LN

City State Zip Code
WINDBER PA 15963

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
232.63

Transaction ID : SA17A.288477

Date of Receipt
M M / D D / Y Y Y Y
01 / 30 / 2016

Amount of Each Receipt this Period
25.00

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

Mailing Address 980 AWALD RD
STE 302

City State Zip Code
ANNAPOLIS MD 21403

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

Name of Employer Occupation
ROYDON MANAGEMENT COMPANY MANAGER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.257428

Date of Receipt
M M / D D / Y Y Y Y
01 / 01 / 2016

Amount of Each Receipt this Period
250.00

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

Mailing Address 4909 KUTZTOWN ROAD

City State Zip Code
TEMPLE PA 19560

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

Name of Employer Occupation
JIMBO'S STEAKS AND HOAGIES SELF EMPLOYED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
484.19

Transaction ID : SA17A.286955

Date of Receipt
M M / D D / Y Y Y Y
01 / 30 / 2016

Amount of Each Receipt this Period
215.23

Subtotal Of Receipts This Page (optional).....▶ 490.23

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)
DONALD J. TRUMP FOR PRESIDENT, INC.

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

Mailing Address **600 NO. CARROLLTON AVE**

City State Zip Code
NEW ORLEANS LA 70119

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

Name of Employer Occupation
SELF-EMPLOYED ATTORNEY

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
300.00

Transaction ID : SA17A.261482

Date of Receipt

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

Amount of Each Receipt this Period

									50.00

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

Mailing Address **7116 HASKELL AV**

City State Zip Code
VAN NUYS CA 91406

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
350.00

Transaction ID : SA17A.261169

Date of Receipt

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

Amount of Each Receipt this Period

									50.00

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

Mailing Address **9711 E EMPIRE AVE**

City State Zip Code
SPOKANE WA 99206

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

Name of Employer Occupation
SELF-EMPLOYED SMALL BUSINESS OWNER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
205.46

Transaction ID : SA17A.283969

Date of Receipt

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

Amount of Each Receipt this Period

									45.46

Subtotal Of Receipts This Page (optional).....▶ **145.46**

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

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
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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)
DONALD J. TRUMP FOR PRESIDENT, INC.

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

Mailing Address **PO BOX 229**

City State Zip Code
SILVER CREEK GA 30173

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

Name of Employer Occupation
CARTERS, INC. OFFICE COORDINATOR

Receipt For: 2016
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.260359

Date of Receipt
M M / D D / Y Y Y Y
01 18 2016

Amount of Each Receipt this Period
250.00

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

Mailing Address **460 EUCHEE ROAD**

City State Zip Code
TEN MILE TN 37880

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

Name of Employer Occupation
HOMEMAKER HOMEMAKER

Receipt For: 2016
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼
285.03

Transaction ID : SA17A.279165

Date of Receipt
M M / D D / Y Y Y Y
01 23 2016

Amount of Each Receipt this Period
92.20

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

Mailing Address **6410 E FOREST LAKE DR**

City State Zip Code
TIFTON GA 31794

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼
769.15

Transaction ID : SA17A.257934

Date of Receipt
M M / D D / Y Y Y Y
01 02 2016

Amount of Each Receipt this Period
100.00

Subtotal Of Receipts This Page (optional)..... **442.20**

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)
DONALD J. TRUMP FOR PRESIDENT, INC.

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

Mailing Address 340 WESTWIND CT

City State Zip Code
NORWOOD NJ 07648

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

Name of Employer Occupation
TRUMP WORLD TOWER BUILDING MANAGER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
411.19

Transaction ID : SA17A.266904

Date of Receipt

M M / D D / Y Y Y Y
01 / 07 / 2016

Amount of Each Receipt this Period

244.99

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

Mailing Address 340 WESTWIND CT

City State Zip Code
NORWOOD NJ 07648

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

Name of Employer Occupation
TRUMP WORLD TOWER BUILDING MANAGER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
601.00

Transaction ID : SA17A.280638

Date of Receipt

M M / D D / Y Y Y Y
01 / 25 / 2016

Amount of Each Receipt this Period

189.81

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

Mailing Address 126 E 124TH ST S

City State Zip Code
JENKS OK 74037

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

Name of Employer Occupation
HENTGES CONSULTING, LLC CONSULTING

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1250.00

Transaction ID : SA17A.258657

Date of Receipt

M M / D D / Y Y Y Y
01 / 08 / 2016

Amount of Each Receipt this Period

100.00

Subtotal Of Receipts This Page (optional).....▶ 534.80

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)
DONALD J. TRUMP FOR PRESIDENT, INC.

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

Mailing Address 126 E 124TH ST S

City State Zip Code
JENKS OK 74037

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

Name of Employer Occupation
HENTGES CONSULTING, LLC CONSULTING

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1350.00

Transaction ID : SA17A.260533

Date of Receipt
M M / D D / Y Y Y Y
01 / 18 / 2016

Amount of Each Receipt this Period
100.00

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

Mailing Address 16836 EAGLE BLUFF CT

City State Zip Code
CHESTERFIELD MO 63005

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

Name of Employer Occupation
HERNDON PRODUCTS PRESIDENT

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
600.00

Transaction ID : SA17A.255910

Date of Receipt
M M / D D / Y Y Y Y
01 / 07 / 2016

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
PHILLIP HERRES JR

Mailing Address 4267 CLYO

City State Zip Code
DAYTON OH 45440

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

Name of Employer Occupation
DOLLAR TOWNE BUYER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
483.06

Transaction ID : SA17A.275862

Date of Receipt
M M / D D / Y Y Y Y
01 / 19 / 2016

Amount of Each Receipt this Period
141.27

Subtotal Of Receipts This Page (optional).....▶ 341.27

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)
DONALD J. TRUMP FOR PRESIDENT, INC.

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

Mailing Address 901 OLD GENOA RED BLUFF ROAD

City State Zip Code
HOUSTON TX 77034

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

Name of Employer Occupation
COMPRESSOR AND TURBINE SERVICES, LL PRESIDENT

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.261754

Date of Receipt
M M / D D / Y Y Y Y
01 / 22 / 2016

Amount of Each Receipt this Period
250.00

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

Mailing Address 70 WEAVER DRIVE

City State Zip Code
MARLTON NJ 08053

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

Name of Employer Occupation
PHILLYRUBBER.COM WOMAN-OWNER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.262482

Date of Receipt
M M / D D / Y Y Y Y
01 / 26 / 2016

Amount of Each Receipt this Period
250.00

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

Mailing Address 11 MILLERS ROCK CT

City State Zip Code
THE WOODLANDS TX 77389

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

Name of Employer Occupation
BLACK FOREST VENTURES CFO

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.260622

Date of Receipt
M M / D D / Y Y Y Y
01 / 19 / 2016

Amount of Each Receipt this Period
250.00

Subtotal Of Receipts This Page (optional).....▶ 750.00

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)
DONALD J. TRUMP FOR PRESIDENT, INC.

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

Mailing Address 4605 TWEEN RD.

City State Zip Code
LOISVILLE KY 40207

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
324.99

Transaction ID : SA17A.259376

Date of Receipt
M M / D D / Y Y Y Y
01 / 12 / 2016

Amount of Each Receipt this Period
199.99

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

Mailing Address 3227 W. DONATELLO DRIVE

City State Zip Code
PHOENIX AZ 85086

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

Name of Employer Occupation
GEOFFREY W. HOFFA, PLLC CONSULTANT

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1827.93

Transaction ID : SA17A.258755

Date of Receipt
M M / D D / Y Y Y Y
01 / 09 / 2016

Amount of Each Receipt this Period
250.00

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

Mailing Address PO BOX 180552

City State Zip Code
DELAFIELD WI 53018

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

Name of Employer Occupation
SELF-EMPLOYED REAL ESTATE MANAGEMENT

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
247.79

Transaction ID : SA17A.261005

Date of Receipt
M M / D D / Y Y Y Y
01 / 21 / 2016

Amount of Each Receipt this Period
50.00

Subtotal Of Receipts This Page (optional).....▶ 499.99

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)
DONALD J. TRUMP FOR PRESIDENT, INC.

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

Mailing Address **241-06 52ND AVENUE**

City **DOUGLASTON** State **NY** Zip Code **11362**

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

Name of Employer **JT TAI AND CO INC** Occupation **REAL ESTATE PROPERTY MANAGER**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
294.98

Transaction ID : SA17A.286937

Date of Receipt

01 / 30 / 2016

Amount of Each Receipt this Period

72.50

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

Mailing Address **14943 HORSESHOE TRACE**

City **WELLINGTON** State **FL** Zip Code **33414**

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

Name of Employer **LOCKHEED MARTIN** Occupation **GENERAL MANAGER**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
425.13

Transaction ID : SA17A.265882

Date of Receipt

01 / 06 / 2016

Amount of Each Receipt this Period

118.42

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

Mailing Address **980 KINGHORN DRIVE NW**

City **KENNESAW** State **GA** Zip Code **30152**

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

Name of Employer **SELF-EMPLOYED** Occupation **REALTOR**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
220.39

Transaction ID : SA17A.268849

Date of Receipt

01 / 10 / 2016

Amount of Each Receipt this Period

220.39

Subtotal Of Receipts This Page (optional)..... **411.31**

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)
DONALD J. TRUMP FOR PRESIDENT, INC.

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

Mailing Address **3880 N. GRANT AVE.**

City State Zip Code
LOVELAND CO 80538

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

Name of Employer Occupation
SELF-EMPLOYED PHYSICIAN

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
888.99

Transaction ID : SA17A.271538

Date of Receipt
M M / D D / Y Y Y Y
01 14 2016

Amount of Each Receipt this Period
188.99

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

Mailing Address **770 EAST 61ST STREET #4**

City State Zip Code
INDIANAPOLIS IN 46220

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

Name of Employer Occupation
WILLIAM ROAM NATIONAL SALES DIRECTOR

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
443.17

Transaction ID : SA17A.279194

Date of Receipt
M M / D D / Y Y Y Y
01 23 2016

Amount of Each Receipt this Period
38.38

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

Mailing Address **P.O. BOX 130**

City State Zip Code
DULUTH GA 30096

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17A.257289

Date of Receipt
M M / D D / Y Y Y Y
01 01 2016

Amount of Each Receipt this Period
1000.00

Subtotal Of Receipts This Page (optional).....▶ **1227.37**

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)
DONALD J. TRUMP FOR PRESIDENT, INC.

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

Mailing Address **22 FENWICK CT**

City	State	Zip Code
MYSTIC	CT	06355

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

Name of Employer INFORMATION REQUESTED	Occupation INFORMATION REQUESTED
--	--

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ **217.19**

Transaction ID : SA17A.275977

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
01			19			2016			

Amount of Each Receipt this Period

_____	105.81
-------	---------------

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

Mailing Address **3917 MAGGIES MDW**

City	State	Zip Code
DENTON	TX	76210

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 ▼
 _____ **250.00**

Transaction ID : SA17A.257418

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
01			01			2016			

Amount of Each Receipt this Period

_____	250.00
-------	---------------

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

Mailing Address **5305 ISLEWORTH COUNTRY CLUB DR**

City	State	Zip Code
WINDERMERE	FL	34786

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

Name of Employer HUTCHISON ADVISORS, INC.	Occupation OWNER
---	----------------------------

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ **267.29**

Transaction ID : SA17A.272571

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
01			15			2016			

Amount of Each Receipt this Period

_____	267.29
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Subtotal Of Receipts This Page (optional).....▶ **623.10**

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)
DONALD J. TRUMP FOR PRESIDENT, INC.

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

Mailing Address 4317 STONEHILL CT

City State Zip Code
TEMPLE TX 76502

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
796.89

Transaction ID : SA17A.258822

Date of Receipt
M M / D D / Y Y Y Y
01 / 09 / 2016

Amount of Each Receipt this Period
250.00

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

Mailing Address 298 MT. JOY ROAD

City State Zip Code
MIDDLETOWN NY 10941

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

Name of Employer Occupation
COUNTY OF ROCKLAND POLICE OFFICER/SERGEANT

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
281.31

Transaction ID : SA17A.287043

Date of Receipt
M M / D D / Y Y Y Y
01 / 31 / 2016

Amount of Each Receipt this Period
152.17

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

Mailing Address 625 MACOPIN RD

City State Zip Code
WEST MILFORD NJ 07480

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

Name of Employer Occupation
SELF-EMPLOYED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
355.94

Transaction ID : SA17A.286666

Date of Receipt
M M / D D / Y Y Y Y
01 / 30 / 2016

Amount of Each Receipt this Period
173.56

Subtotal Of Receipts This Page (optional).....▶ 575.73

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

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
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<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)
DONALD J. TRUMP FOR PRESIDENT, INC.

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

Mailing Address 77 GILBANE ST

City State Zip Code
WARWICK RI 02886

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

Name of Employer Occupation
M&M COMMUNICATIONS CEO

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.261084

Date of Receipt
M M / D D / Y Y Y Y
01 / 21 / 2016

Amount of Each Receipt this Period
100.00

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

Mailing Address 2220 SIERRA DR

City State Zip Code
NEW SMYRNA BEACH FL 32168

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
219.72

Transaction ID : SA17A.284760

Date of Receipt
M M / D D / Y Y Y Y
01 / 29 / 2016

Amount of Each Receipt this Period
34.99

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

Mailing Address 385 PERRILOUX RD.

City State Zip Code
MADISONVILLE LA 70447

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
216.54

Transaction ID : SA17A.285225

Date of Receipt
M M / D D / Y Y Y Y
01 / 29 / 2016

Amount of Each Receipt this Period
216.54

Subtotal Of Receipts This Page (optional).....▶ 351.53

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

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
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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)
DONALD J. TRUMP FOR PRESIDENT, INC.

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

Mailing Address 44200 COUNTRY CLUB DR

City State Zip Code
EL MACERO CA 95618

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

Name of Employer Occupation
SELF-EMPLOYED LANDLORD

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
287.35

Transaction ID : SA17A.261289

Date of Receipt
M M / D D / Y Y Y Y
01 / 21 / 2016

Amount of Each Receipt this Period
50.00

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

Mailing Address 2806 NORTHWOOD RD

City State Zip Code
AUSTIN TX 77380

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

Name of Employer Occupation
GEOSOUTHERN ENERGY CORPORATION ATTORNEY

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
532.35

Transaction ID : SA17A.282623

Date of Receipt
M M / D D / Y Y Y Y
01 / 28 / 2016

Amount of Each Receipt this Period
32.35

C. Full Name (Last, First, Middle Initial)
REBECCA T JANELLI

Mailing Address 9520 GROVER DRIVE

City State Zip Code
ANCHORAGE AK 99507

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.261408

Date of Receipt
M M / D D / Y Y Y Y
01 / 21 / 2016

Amount of Each Receipt this Period
50.00

Subtotal Of Receipts This Page (optional).....▶ 132.35

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

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
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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)
DONALD J. TRUMP FOR PRESIDENT, INC.

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

Mailing Address 1104 CHICKASAW DRIVE

City State Zip Code
WESTMINSTER SC 29693

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

Name of Employer Occupation
FII MANAGEMENT

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
345.44

Transaction ID : SA17A.264858

Date of Receipt
M M / D D / Y Y Y Y
01 / 04 / 2016

Amount of Each Receipt this Period
173.75

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

Mailing Address 406 E PARK ST

City State Zip Code
MONTFORT WI 53569

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

Name of Employer Occupation
SPECTRUM BRANDS ELECTRICAL ENGINEER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
611.25

Transaction ID : SA17A.275030

Date of Receipt
M M / D D / Y Y Y Y
01 / 18 / 2016

Amount of Each Receipt this Period
32.35

C. Full Name (Last, First, Middle Initial)
MR. GERRI JAWORSKI

Mailing Address N174 W20270 RAYMOND ROAD

City State Zip Code
JACKSON WI 53037

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

Name of Employer Occupation
WI FAMILY CARE PROGRAM CAREGIVER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.260414

Date of Receipt
M M / D D / Y Y Y Y
01 / 18 / 2016

Amount of Each Receipt this Period
250.00

Subtotal Of Receipts This Page (optional).....▶ 456.10

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)
DONALD J. TRUMP FOR PRESIDENT, INC.

A. Full Name (Last, First, Middle Initial) RANDY JENSEN		Transaction ID : SA17A.262522	
Mailing Address 125 NORTH 31ST AVENUE APT 6		Date of Receipt M M / D D / Y Y Y Y 01 / 26 / 2016	
City OMAHA	State NE	Zip Code 68131	Amount of Each Receipt this Period _____ 50.00
FEC ID number of contributing federal political committee.		_____ C _____	
Name of Employer UNIVERSITY OF NEBRASKA OMAHA	Occupation PESTCONTROL/CUSTODIAN		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ _____ 712.21	

B. Full Name (Last, First, Middle Initial) ANNETTA JERNIGAN		Transaction ID : SA17A.270990	
Mailing Address 2328 E. LAKEVIEW AVE		Date of Receipt M M / D D / Y Y Y Y 01 / 14 / 2016	
City PENSACOLA	State FL	Zip Code 32503	Amount of Each Receipt this Period _____ 192.87
FEC ID number of contributing federal political committee.		_____ C _____	
Name of Employer RETIRED	Occupation RETIRED		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ _____ 1192.87	

C. Full Name (Last, First, Middle Initial) HUDSON JETER		Transaction ID : SA17A.280455	
Mailing Address 16967 OBSIDIAN CIRCLE		Date of Receipt M M / D D / Y Y Y Y 01 / 25 / 2016	
City ATHENS	State AL	Zip Code 35613	Amount of Each Receipt this Period _____ 59.63
FEC ID number of contributing federal political committee.		_____ C _____	
Name of Employer LANDERS MCLARTY CHEVOLET	Occupation SALES MANAGER		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ _____ 265.31	

Subtotal Of Receipts This Page (optional).....▶ _____ 302.50

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)
DONALD J. TRUMP FOR PRESIDENT, INC.

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

Mailing Address 4610 HAMES TERRACE

City State Zip Code
ACWORTH GA 30102

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
239.31

Transaction ID : SA17A.270593

Date of Receipt

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

Amount of Each Receipt this Period

4	3	.	6	7
---	---	---	---	---

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

Mailing Address 2955 HERRING BROOK RD

City State Zip Code
EASTHAM MA 02642

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
379.06

Transaction ID : SA17A.269624

Date of Receipt

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

Amount of Each Receipt this Period

8	7	.	2	6
---	---	---	---	---

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

Mailing Address PSC 45 BOX 1097

City State Zip Code
APO ZZ 99999

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

Name of Employer Occupation
LOCKHEED MARTIN PROGRAM MANAGER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.259958

Date of Receipt

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

Amount of Each Receipt this Period

2	5	.	0	0
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Subtotal Of Receipts This Page (optional).....▶

3	8	.	0	3
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Total This Period (last page this line number only).....▶

3	8	.	0	3
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**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)
DONALD J. TRUMP FOR PRESIDENT, INC.

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

Mailing Address 13418 GREENACRE DR

City State Zip Code
WOODBIDGE VA 22191

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

Name of Employer Occupation
KOHLS SALES

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
204.00

Transaction ID : SA17A.258596

Date of Receipt

M M / D D / Y Y Y Y
01 08 2016

Amount of Each Receipt this Period

17.00

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

Mailing Address 13418 GREENACRE DR

City State Zip Code
WOODBIDGE VA 22191

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

Name of Employer Occupation
KOHLS SALES

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
234.00

Transaction ID : SA17A.260874

Date of Receipt

M M / D D / Y Y Y Y
01 20 2016

Amount of Each Receipt this Period

30.00

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

Mailing Address 13418 GREENACRE DR

City State Zip Code
WOODBIDGE VA 22191

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

Name of Employer Occupation
KOHLS SALES

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
256.00

Transaction ID : SA17A.261997

Date of Receipt

M M / D D / Y Y Y Y
01 24 2016

Amount of Each Receipt this Period

22.00

Subtotal Of Receipts This Page (optional).....▶ **69.00**

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)
DONALD J. TRUMP FOR PRESIDENT, INC.

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

Mailing Address **2702 HELBERG ROAD**

City State Zip Code
HOUSTON TX 77092

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

Name of Employer Occupation
HOWARD M. KAHN PC LONE STAR LAWYER: CHIEF CUSTOM COUNSEL

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
735.74

Transaction ID : SA17A.255944

Date of Receipt
M M / D D / Y Y Y Y
01 08 2016

Amount of Each Receipt this Period
100.00

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

Mailing Address **17935 185TH ST**

City State Zip Code
TONGANOXIE KS 66086

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

Name of Employer Occupation
CISCO SYSTEMS ENGINEER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
244.46

Transaction ID : SA17A.286695

Date of Receipt
M M / D D / Y Y Y Y
01 30 2016

Amount of Each Receipt this Period
119.80

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

Mailing Address **210 COMMERCE WAY
SUITE 300**

City State Zip Code
PORTSMOUTH NH 03801

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

Name of Employer Occupation
SELF-EMPLOYED REAL ESTATE

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.260650

Date of Receipt
M M / D D / Y Y Y Y
01 19 2016

Amount of Each Receipt this Period
500.00

Subtotal Of Receipts This Page (optional)..... **719.80**

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)
DONALD J. TRUMP FOR PRESIDENT, INC.

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

Mailing Address 156 SAND SPRING ROAD

City State Zip Code
MORRISTOWN NJ 07960

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

Name of Employer Occupation
SELF-EMPLOYED EDUCATION

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
307.19

Transaction ID : SA17A.270032

Date of Receipt
M M / D D / Y Y Y Y
01 / 12 / 2016

Amount of Each Receipt this Period
84.27

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

Mailing Address 6845 HOULTON CIRCLE

City State Zip Code
LAKE WORTH FL 33467

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
285.54

Transaction ID : SA17A.287153

Date of Receipt
M M / D D / Y Y Y Y
01 / 31 / 2016

Amount of Each Receipt this Period
285.54

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

Mailing Address 9 WEST MELROSE STREET

City State Zip Code
CHEVY CHASE MD 20815

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

Name of Employer Occupation
STEAKS UNLIMITED INC RESTAURANT

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.260174

Date of Receipt
M M / D D / Y Y Y Y
01 / 17 / 2016

Amount of Each Receipt this Period
250.00

Subtotal Of Receipts This Page (optional).....▶ 619.81

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)
DONALD J. TRUMP FOR PRESIDENT, INC.

A. Full Name (Last, First, Middle Initial) BRIDGET KELLY Mailing Address 67 RAVINE LAKE ROAD City BERNARDSVILLE State NJ Zip Code 07924		Transaction ID : SA17A.270510 Date of Receipt M M / D D / Y Y Y Y 01 / 13 / 2016
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 225.19
Name of Employer INFORMATION REQUESTED	Occupation INFORMATION REQUESTED	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 225.19

B. Full Name (Last, First, Middle Initial) LAUREN KELLY Mailing Address 1825 MERCURY WAY City SACRAMENTO State CA Zip Code 95864		Transaction ID : SA17A.287621 Date of Receipt M M / D D / Y Y Y Y 01 / 31 / 2016
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 215.08
Name of Employer SELF-EMPLOYED	Occupation COMPUTER PROGRAMMER	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 215.08

C. Full Name (Last, First, Middle Initial) LAUREN KELLY Mailing Address 1825 MERCURY WAY City SACRAMENTO State CA Zip Code 95864		Transaction ID : SA17A.287746 Date of Receipt M M / D D / Y Y Y Y 01 / 31 / 2016
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 215.08
Name of Employer SELF-EMPLOYED	Occupation COMPUTER PROGRAMMER	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 430.16

Subtotal Of Receipts This Page (optional)..... **655.35**

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)
DONALD J. TRUMP FOR PRESIDENT, INC.

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

Mailing Address **2586 POST ROAD**

City **MONTICELLO** State **GA** Zip Code **31064**

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

Name of Employer **SELF-EMPLOYED** Occupation **RANCHER INVESTER**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
256.61

Transaction ID : SA17A.281063

Date of Receipt

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

Amount of Each Receipt this Period

60.25									
--------------	--	--	--	--	--	--	--	--	--

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

Mailing Address **3232 COBBLESTONE DR**

City **PACE** State **FL** Zip Code **32571**

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 ▼
270.13

Transaction ID : SA17A.275437

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	9		2	0	1	6

Amount of Each Receipt this Period

84.56									
--------------	--	--	--	--	--	--	--	--	--

C. Full Name (Last, First, Middle Initial)
M. ELENA KENDALL MD

Mailing Address **318 ALHAMBRA CIRCLE**

City **CORAL GABLES** State **FL** Zip Code **33134**

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

Name of Employer **SELF-EMPLOYED** Occupation **DERMATOLOGIST**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.258366

Date of Receipt

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

Amount of Each Receipt this Period

250.00									
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Subtotal Of Receipts This Page (optional).....▶ **394.81**

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)
DONALD J. TRUMP FOR PRESIDENT, INC.

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

Mailing Address **23 SUMMERWIND LN**

City State Zip Code
NORTH FALMOUTH MA 02556

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
267.29

Transaction ID : SA17A.281805

Date of Receipt
M M / D D / Y Y Y Y
01 27 2016

Amount of Each Receipt this Period
267.29

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

Mailing Address **9471 FLORENCE CIRCLE**

City State Zip Code
VILLA PARK CA 92861

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

Name of Employer Occupation
QUICK BRIDGE FUNDING, LLC SVP & CIO

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.261544

Date of Receipt
M M / D D / Y Y Y Y
01 21 2016

Amount of Each Receipt this Period
250.00

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

Mailing Address **10843 NORTH GAGE ROAD**

City State Zip Code
BARNEVELD NY 13304

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

Name of Employer Occupation
SITRIN NURSING HOME DENTIST

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
336.27

Transaction ID : SA17A.277076

Date of Receipt
M M / D D / Y Y Y Y
01 21 2016

Amount of Each Receipt this Period
61.88

Subtotal Of Receipts This Page (optional)..... **579.17**

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)
DONALD J. TRUMP FOR PRESIDENT, INC.

A. Full Name (Last, First, Middle Initial) LLOYD KILDAY Mailing Address 673 COLSTON ROAD		Transaction ID : SA17A.255948 Date of Receipt M M / D D / Y Y Y Y 01 / 13 / 2016
City MARIETTA State GA Zip Code 30064	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 600.00	
Name of Employer SELF-EMPLOYED Occupation WEDDING VENUE	Election Cycle-to-Date 600.00	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

B. Full Name (Last, First, Middle Initial) JAMI KILLINGER Mailing Address 4216 HAMPTON RIDGE		Transaction ID : SA17A.269396 Date of Receipt M M / D D / Y Y Y Y 01 / 11 / 2016
City LEXINGTON State KY Zip Code 40514	Amount of Each Receipt this Period 90.51	
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 207.14	
Name of Employer GRAY CONSTRUCTION Occupation PROJECT MANAGER	Election Cycle-to-Date 207.14	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

C. Full Name (Last, First, Middle Initial) JAMES W. KINDER Mailing Address 8035 S. CLIPPINGER DR.		Transaction ID : SA17A.272204 Date of Receipt M M / D D / Y Y Y Y 01 / 15 / 2016
City CINCINNATI State OH Zip Code 45243	Amount of Each Receipt this Period 110.66	
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 221.32	
Name of Employer RETIRED Occupation RETIRED	Election Cycle-to-Date 221.32	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Subtotal Of Receipts This Page (optional).....▶ 301.17

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)
DONALD J. TRUMP FOR PRESIDENT, INC.

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

Mailing Address 39 WILLIAM PENN RD

City State Zip Code
WARREN NJ 07059

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

Name of Employer Occupation
JESSY SEAFOODS USA LLC PRESIDENT

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
800.00

Transaction ID : SA17A.261116

Date of Receipt
M M / D D / Y Y Y Y
01 / 21 / 2016

Amount of Each Receipt this Period
100.00

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

Mailing Address 147 EAST 2ND AVE.

City State Zip Code
ROCHELLE IL 61068

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

Name of Employer Occupation
CEDAR SIDING & LUMBER ACCOUNTANT

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1226.75

Transaction ID : SA17A.278747

Date of Receipt
M M / D D / Y Y Y Y
01 / 22 / 2016

Amount of Each Receipt this Period
392.69

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

Mailing Address 752 ELSINBORO

City State Zip Code
CINCINNATI OH 45226

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

Name of Employer Occupation
PRIORITY1INSULATION SALES

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1198.58

Transaction ID : SA17A.267031

Date of Receipt
M M / D D / Y Y Y Y
01 / 07 / 2016

Amount of Each Receipt this Period
701.21

Subtotal Of Receipts This Page (optional).....▶ 1193.90

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)
DONALD J. TRUMP FOR PRESIDENT, INC.

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

Mailing Address 4500 S. YELLOWSTONE LANE

City State Zip Code
SIOUX FALLS SD 57105

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

Name of Employer Occupation
BOB KIRK CATTLE CO. CATTLEMAN

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.260638

Date of Receipt
M M / D D / Y Y Y Y
01 / 19 / 2016

Amount of Each Receipt this Period
250.00

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

Mailing Address 2404 WITTINGTON BLVD

City State Zip Code
ALEXANDRIA VA 22308

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
300.00

Transaction ID : SA17A.262562

Date of Receipt
M M / D D / Y Y Y Y
01 / 27 / 2016

Amount of Each Receipt this Period
50.00

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

Mailing Address 1314 S HANOVER ST

City State Zip Code
BALTIMORE MD 21230

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

Name of Employer Occupation
MAXIM HEALTHCARE CREDIT ANALYST

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
201.58

Transaction ID : SA17A.280118

Date of Receipt
M M / D D / Y Y Y Y
01 / 25 / 2016

Amount of Each Receipt this Period
201.58

Subtotal Of Receipts This Page (optional).....▶ 501.58

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)
DONALD J. TRUMP FOR PRESIDENT, INC.

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

Mailing Address **659 ALNWICK COURT**

City State Zip Code
INVERNESS IL 60010

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

Name of Employer Occupation
THE HIGHLAND GROUND SENIOR PARTNER - MANAGING DIRECTOR

Receipt For: 2016
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼
650.00

Transaction ID : SA17A.288539

Date of Receipt
M M / D D / Y Y Y Y
01 / 30 / 2016

Amount of Each Receipt this Period
100.00

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

Mailing Address **930 POCAHONTAS DR**

City State Zip Code
FORT WALTON BEACH FL 32547

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

Name of Employer Occupation
SELF-EMPLOYED LANDLORD

Receipt For: 2016
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼
700.00

Transaction ID : SA17A.258909

Date of Receipt
M M / D D / Y Y Y Y
01 / 10 / 2016

Amount of Each Receipt this Period
100.00

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

Mailing Address **111 LOUISE LANE**

City State Zip Code
BARTONSVILLE PA 18321

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

Name of Employer Occupation
EUREKA STONE QUARRY LABORER

Receipt For: 2016
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼
347.01

Transaction ID : SA17A.261309

Date of Receipt
M M / D D / Y Y Y Y
01 / 21 / 2016

Amount of Each Receipt this Period
25.00

Subtotal Of Receipts This Page (optional)..... **225.00**

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)
DONALD J. TRUMP FOR PRESIDENT, INC.

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

Mailing Address 715 W MARKET ST

City State Zip Code
BETHLEHEM PA 18018

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.258266

Date of Receipt

01 / 06 / 2016

Amount of Each Receipt this Period

250.00

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

Mailing Address 3104 ESTERO BLVD

City State Zip Code
FORT MYERS BEACH IN 33931

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
379.90

Transaction ID : SA17A.270223

Date of Receipt

01 / 12 / 2016

Amount of Each Receipt this Period

379.90

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

Mailing Address 1004 4TH ST NW

City State Zip Code
DODGE CENTER MN 55927

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

Name of Employer Occupation
CJ AUTO SALES OWNER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
306.03

Transaction ID : SA17A.280517

Date of Receipt

01 / 25 / 2016

Amount of Each Receipt this Period

306.03

Subtotal Of Receipts This Page (optional)..... **935.93**

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

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
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<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)
DONALD J. TRUMP FOR PRESIDENT, INC.

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

Mailing Address **791 CRANDON BLVD.**
1506

City **KEY BISCAIYNE** State **FL** Zip Code **33149**

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 ▼
1000.00

Transaction ID : SA17A.261269

Date of Receipt
M M / D D / Y Y Y Y
01 / 21 / 2016

Amount of Each Receipt this Period
250.00

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

Mailing Address **704 ILLINOIS ROAD**

City **WILMETTE** State **IL** Zip Code **60091**

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

Name of Employer **ZURLA SALES, INCORPORATED** Occupation **SELF EMPLOYED**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
347.62

Transaction ID : SA17A.281234

Date of Receipt
M M / D D / Y Y Y Y
01 / 26 / 2016

Amount of Each Receipt this Period
247.62

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

Mailing Address **11 COMMERCE DRIVE**

City **CRANFORD** State **NJ** Zip Code **07016**

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

Name of Employer **AKRIMAX PHARMACEUTICAL** Occupation **CEO**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
3000.00

Transaction ID : SA17A.261491

Date of Receipt
M M / D D / Y Y Y Y
01 / 21 / 2016

Amount of Each Receipt this Period
500.00

Subtotal Of Receipts This Page (optional).....▶ **997.62**

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

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
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<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)
DONALD J. TRUMP FOR PRESIDENT, INC.

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

Mailing Address **100 ROYAL PALM WAY
APARTMENT D5**

City **PALM BEACH** State **FL** Zip Code **33480**

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

Name of Employer **DC CAPITAL PARTNERS, LLC** Occupation **FINANCE**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17A.261752

Date of Receipt
M M / D D / Y Y Y Y
01 / 22 / 2016

Amount of Each Receipt this Period
1000.00

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

Mailing Address **22526 CENTER RIDGE ROAD**

City **ROCKY RIVER** State **OH** Zip Code **44116**

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

Name of Employer **E-VENTUS CORPORATION** Occupation **MANAGING PARTNER**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
326.64

Transaction ID : SA17A.278942

Date of Receipt
M M / D D / Y Y Y Y
01 / 23 / 2016

Amount of Each Receipt this Period
215.98

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

Mailing Address **3550 W TACOMA**

City **BROKEN ARROW** State **OK** Zip Code **74012**

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

Name of Employer **CAMTECH TULSA** Occupation **OPERATIONS AND SALES**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
276.30

Transaction ID : SA17A.285032

Date of Receipt
M M / D D / Y Y Y Y
01 / 29 / 2016

Amount of Each Receipt this Period
276.30

Subtotal Of Receipts This Page (optional)..... **1492.28**

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)
DONALD J. TRUMP FOR PRESIDENT, INC.

A. Full Name (Last, First, Middle Initial) JOSHUA LAUDERMILK		Transaction ID : SA17A.259503	
Mailing Address 4336 SULLIVAN AVENUE FLOOR 2		Date of Receipt M M / D D / Y Y Y Y 01 / 13 / 2016	
City CINCINNATI	State OH	Zip Code 45217	Amount of Each Receipt this Period _____ 250.00
FEC ID number of contributing federal political committee.		C _____	
Name of Employer RETIRED	Occupation RETIRED		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ _____ 250.00	

B. Full Name (Last, First, Middle Initial) JOSHUA LAUDERMILK		Transaction ID : SA17A.271608	
Mailing Address 4336 SULLIVAN AVENUE FLOOR 2		Date of Receipt M M / D D / Y Y Y Y 01 / 14 / 2016	
City CINCINNATI	State OH	Zip Code 45217	Amount of Each Receipt this Period _____ 58.02
FEC ID number of contributing federal political committee.		C _____	
Name of Employer RETIRED	Occupation RETIRED		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ _____ 308.02	

C. Full Name (Last, First, Middle Initial) JOSHUA LAUDERMILK		Transaction ID : SA17A.273269	
Mailing Address 4336 SULLIVAN AVENUE FLOOR 2		Date of Receipt M M / D D / Y Y Y Y 01 / 16 / 2016	
City CINCINNATI	State OH	Zip Code 45217	Amount of Each Receipt this Period _____ 96.33
FEC ID number of contributing federal political committee.		C _____	
Name of Employer RETIRED	Occupation RETIRED		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ _____ 404.35	

Subtotal Of Receipts This Page (optional).....▶ _____ 404.35

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

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
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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)
DONALD J. TRUMP FOR PRESIDENT, INC.

A. Full Name (Last, First, Middle Initial) JOSHUA LAUDERMILK		Transaction ID : SA17A.274240	
Mailing Address 4336 SULLIVAN AVENUE FLOOR 2		Date of Receipt M M / D D / Y Y Y Y 01 / 17 / 2016	
City CINCINNATI	State OH	Zip Code 45217	
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>	
Name of Employer RETIRED	Occupation RETIRED		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ <input type="text" value="461.16"/>	
		Amount of Each Receipt this Period <input type="text" value="56.81"/>	

B. Full Name (Last, First, Middle Initial) STEVE LAUKHUF		Transaction ID : SA17A.271781	
Mailing Address 1704 E 18TH STREET		Date of Receipt M M / D D / Y Y Y Y 01 / 15 / 2016	
City GEORGETOWN	State TX	Zip Code 78626	
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>	
Name of Employer ONE VOICE COMMUNICATIONS	Occupation CEO		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ <input type="text" value="393.13"/>	
		Amount of Each Receipt this Period <input type="text" value="393.13"/>	

C. Full Name (Last, First, Middle Initial) WILLIAM LAURENTS		Transaction ID : SA17A.261246	
Mailing Address 200 GEORGANN DR E1		Date of Receipt M M / D D / Y Y Y Y 01 / 21 / 2016	
City VICKSBURG	State MS	Zip Code 39180	
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>	
Name of Employer MADISON PARISH HOSPITAL	Occupation CFO		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ <input type="text" value="400.00"/>	
		Amount of Each Receipt this Period <input type="text" value="100.00"/>	

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

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

**SCHEDULE A-P
ITEMIZED RECEIPTS**

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<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)
DONALD J. TRUMP FOR PRESIDENT, INC.

A. Full Name (Last, First, Middle Initial) DANNY LAWHORN		Transaction ID : SA17A.276651	
Mailing Address 3319 SEA MARSH RD		Date of Receipt M M / D D / Y Y Y Y 01 / 20 / 2016	
City AMELIA ISLAND	State FL	Zip Code 32034	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 218.56	
Name of Employer DANNY LAWHORN	Occupation RETIRED	Election Cycle-to-Date 218.56	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

B. Full Name (Last, First, Middle Initial) CRYSTAL LAWRENCE		Transaction ID : SA17A.276729	
Mailing Address 1707 W. KEMP AVENUE		Date of Receipt M M / D D / Y Y Y Y 01 / 20 / 2016	
City WATERTOWN	State SD	Zip Code 57201	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 201.58	
Name of Employer INFORMATION REQUESTED	Occupation INFORMATION REQUESTED	Election Cycle-to-Date 201.58	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

C. Full Name (Last, First, Middle Initial) JEFFREY LAWRENCE		Transaction ID : SA17A.261152	
Mailing Address 492 SW 12TH CIRCLE		Date of Receipt M M / D D / Y Y Y Y 01 / 21 / 2016	
City TROUTDALE	State OK	Zip Code 97060	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 50.00	
Name of Employer INTEL CORPORATION	Occupation ATTORNEY	Election Cycle-to-Date 1124.01	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Subtotal Of Receipts This Page (optional).....▶ 470.14

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

**SCHEDULE A-P
ITEMIZED RECEIPTS**

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FOR LINE NUMBER:
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<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)
DONALD J. TRUMP FOR PRESIDENT, INC.

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

Mailing Address 149 S CAMDEN DR

City State Zip Code
BEVERLY HILLS CA 90212

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

Name of Employer Occupation
TRANSPACIFIC HEAVYLIFT INC MANAGER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
282.35

Transaction ID : SA17A.257933

Date of Receipt
M M / D D / Y Y Y Y
01 / 02 / 2016

Amount of Each Receipt this Period
50.00

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

Mailing Address 149 S CAMDEN DR

City State Zip Code
BEVERLY HILLS CA 90212

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

Name of Employer Occupation
TRANSPACIFIC HEAVYLIFT INC MANAGER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
363.88

Transaction ID : SA17A.264440

Date of Receipt
M M / D D / Y Y Y Y
01 / 03 / 2016

Amount of Each Receipt this Period
81.53

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

Mailing Address 410

City State Zip Code
LYTLE TN 38122

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

Name of Employer Occupation
SELF EMPLOYED SELF EMPLOYED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
350.00

Transaction ID : SA17A.288119

Date of Receipt
M M / D D / Y Y Y Y
01 / 28 / 2016

Amount of Each Receipt this Period
100.00

Subtotal Of Receipts This Page (optional).....▶ 231.53

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

**SCHEDULE A-P
ITEMIZED RECEIPTS**

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Detailed Summary Page

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<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)
DONALD J. TRUMP FOR PRESIDENT, INC.

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

Mailing Address **919 NE 19TH AVE
#200**

City **PORTLAND** State **OR** Zip Code **97232**

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

Name of Employer **LEADER CAPITAL** Occupation **INVESTMENTS**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
534.58

Transaction ID : SA17A.269623

Date of Receipt
M M / D D / Y Y Y Y
01 / 11 / 2016

Amount of Each Receipt this Period
267.29

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

Mailing Address **14 OAK HILL DRIVE**

City **LITITZ** State **PA** Zip Code **17543**

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

Name of Employer **POLSINELLI PC** Occupation **SHAREHOLDER**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
808.73

Transaction ID : SA17A.258219

Date of Receipt
M M / D D / Y Y Y Y
01 / 06 / 2016

Amount of Each Receipt this Period
250.00

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

Mailing Address **14 OAK HILL DRIVE**

City **LITITZ** State **PA** Zip Code **17543**

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

Name of Employer **POLSINELLI PC** Occupation **SHAREHOLDER**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1308.73

Transaction ID : SA17A.263029

Date of Receipt
M M / D D / Y Y Y Y
01 / 28 / 2016

Amount of Each Receipt this Period
500.00

Subtotal Of Receipts This Page (optional).....▶ **1017.29**

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

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
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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)
DONALD J. TRUMP FOR PRESIDENT, INC.

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

Mailing Address 4228 SOUTHPORT TRACE DR.

City State Zip Code
INDIANAPOLIS IN 46237

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

Name of Employer Occupation
JTLEDM,LLC MACHINIST

Receipt For: 2016
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼
237.96

Transaction ID : SA17A.275824

Date of Receipt
M M / D D / Y Y Y Y
01 / 19 / 2016

Amount of Each Receipt this Period
206.14

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

Mailing Address 644 FOREST BEND DRIVE

City State Zip Code
PLANO TX 75025

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

Name of Employer Occupation
SELF-EMPLOYED PIANO TECHNICIAN

Receipt For: 2016
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼
700.00

Transaction ID : SA17A.261304

Date of Receipt
M M / D D / Y Y Y Y
01 / 21 / 2016

Amount of Each Receipt this Period
100.00

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

Mailing Address 11302 BROADWAY

City State Zip Code
ALDEN NY 14004

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

Name of Employer Occupation
CRAZYARTGRRLL SMALL BUSINESS OWNER

Receipt For: 2016
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼
214.65

Transaction ID : SA17A.263129

Date of Receipt
M M / D D / Y Y Y Y
01 / 01 / 2016

Amount of Each Receipt this Period
214.65

Subtotal Of Receipts This Page (optional).....▶ 520.79

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)
DONALD J. TRUMP FOR PRESIDENT, INC.

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

Mailing Address 98 MORGAN RD, BOX129

City State Zip Code
CANTON CENTER CT 06019

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

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.257420

Date of Receipt
M M / D D / Y Y Y Y
01 / 01 / 2016

Amount of Each Receipt this Period
250.00

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

Mailing Address PO BOX 1090

City State Zip Code
CLEVELAND TX 77328

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
751.43

Transaction ID : SA17A.269920

Date of Receipt
M M / D D / Y Y Y Y
01 / 12 / 2016

Amount of Each Receipt this Period
119.28

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

Mailing Address PO BOX 1090

City State Zip Code
CLEVELAND TX 77328

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
864.97

Transaction ID : SA17A.280595

Date of Receipt
M M / D D / Y Y Y Y
01 / 25 / 2016

Amount of Each Receipt this Period
113.54

Subtotal Of Receipts This Page (optional).....▶ 482.82

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)
DONALD J. TRUMP FOR PRESIDENT, INC.

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

Mailing Address 725 5TH AVENUE

City State Zip Code
NEW YORK NY 10022

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

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.289928

Date of Receipt
M M / D D / Y Y Y Y
01 / 27 / 2016

IN-KIND: OFFICE SUPPLIES

Amount of Each Receipt this Period
1933.03

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

Mailing Address 3950 ALEXANDRIA AVE

City State Zip Code
COLLEGE STATION AL 77845

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

Name of Employer Occupation
LOCKARD & WHITE, INC. CEO

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.288054

Date of Receipt
M M / D D / Y Y Y Y
01 / 28 / 2016

Amount of Each Receipt this Period
250.00

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

Mailing Address 11 CATALPA TRACE

City State Zip Code
COVINGTON LA 70433

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

Name of Employer Occupation
SELF-EMPLOYED ATTY

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
210.00

Transaction ID : SA17A.259379

Date of Receipt
M M / D D / Y Y Y Y
01 / 13 / 2016

Amount of Each Receipt this Period
25.00

Subtotal Of Receipts This Page (optional).....▶ 2208.03

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

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
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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)
DONALD J. TRUMP FOR PRESIDENT, INC.

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

Mailing Address 5514 COURT OF YORK

City State Zip Code
HOUSTON TX 77069

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

Name of Employer Occupation
LSNA ENERGY GROUP, LLC LAND MANAGER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
495.00

Transaction ID : SA17A.260817

Date of Receipt
M M / D D / Y Y Y Y
01 / 20 / 2016

Amount of Each Receipt this Period
25.00

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

Mailing Address 5514 COURT OF YORK

City State Zip Code
HOUSTON TX 77069

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

Name of Employer Occupation
LSNA ENERGY GROUP, LLC LAND MANAGER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
520.00

Transaction ID : SA17A.262203

Date of Receipt
M M / D D / Y Y Y Y
01 / 25 / 2016

Amount of Each Receipt this Period
25.00

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

Mailing Address 803 A STREET

City State Zip Code
TAFT CA 93268

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
422.67

Transaction ID : SA17A.262853

Date of Receipt
M M / D D / Y Y Y Y
01 / 28 / 2016

Amount of Each Receipt this Period
250.00

Subtotal Of Receipts This Page (optional).....▶ 300.00

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)
DONALD J. TRUMP FOR PRESIDENT, INC.

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

Mailing Address 1811 VICTORY BOULEVARD

City State Zip Code
STATEN ISLAND NY 10314

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

Name of Employer Occupation
SELF-EMPLOYED ATTORNEY

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
789.07

Transaction ID : SA17A.271835

Date of Receipt
M M / D D / Y Y Y Y
01 / 15 / 2016

Amount of Each Receipt this Period
530.24

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

Mailing Address 15915 CHILTREN CIR.

City State Zip Code
SPRING TX 77379

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
244.04

Transaction ID : SA17A.269951

Date of Receipt
M M / D D / Y Y Y Y
01 / 12 / 2016

Amount of Each Receipt this Period
157.87

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

Mailing Address 64 STRADA PRINCIPALE #209

City State Zip Code
HENDERSON NV 89011

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
383.02

Transaction ID : SA17A.259577

Date of Receipt
M M / D D / Y Y Y Y
01 / 14 / 2016

Amount of Each Receipt this Period
100.00

Subtotal Of Receipts This Page (optional).....▶ 788.11

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)
DONALD J. TRUMP FOR PRESIDENT, INC.

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

Mailing Address 13590 STONEBARN LANE

City State Zip Code
NORTH POTOMAC MD 20878

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

Name of Employer Occupation
KILMURRY PROPERTIES LLC REAL ESTATE DEVELOPMENT

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
216.98

Transaction ID : SA17A.280561

Date of Receipt
M M / D D / Y Y Y Y
01 / 25 / 2016

Amount of Each Receipt this Period
116.98

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

Mailing Address 102 AVERY DR

City State Zip Code
ATLANTA GA 30309

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

Name of Employer Occupation
BUCKHEAD LIFE RESTAURANT GROUP EVP/CFO

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1620.31

Transaction ID : SA17A.255977

Date of Receipt
M M / D D / Y Y Y Y
01 / 11 / 2016

Amount of Each Receipt this Period
250.00

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

Mailing Address 102 AVERY DR

City State Zip Code
ATLANTA GA 30309

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

Name of Employer Occupation
BUCKHEAD LIFE RESTAURANT GROUP EVP/CFO

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1795.60

Transaction ID : SA17A.280929

Date of Receipt
M M / D D / Y Y Y Y
01 / 26 / 2016

Amount of Each Receipt this Period
175.29

Subtotal Of Receipts This Page (optional).....▶ 542.27

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)
DONALD J. TRUMP FOR PRESIDENT, INC.

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

Mailing Address **3 OVERBROOK CRESCENT**

City State Zip Code
NEW HARTFORD NY 13413

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
739.08

Transaction ID : SA17A.262313

Date of Receipt
M M / D D / Y Y Y Y
01 / 26 / 2016

Amount of Each Receipt this Period
250.00

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

Mailing Address **3 OVERBROOK CRESCENT**

City State Zip Code
NEW HARTFORD NY 13413

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2739.08

Transaction ID : SA17A.262792

Date of Receipt
M M / D D / Y Y Y Y
01 / 27 / 2016

Amount of Each Receipt this Period
2000.00

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

Mailing Address **3 OVERBROOK CRESCENT**

City State Zip Code
NEW HARTFORD NY 13413

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.262792.0

Date of Receipt
M M / D D / Y Y Y Y
01 / 27 / 2016

REDESIGNATED TO GENERAL

Amount of Each Receipt this Period
-39.08

[MEMO ITEM]

Subtotal Of Receipts This Page (optional)..... **2250.00**

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)
DONALD J. TRUMP FOR PRESIDENT, INC.

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

Mailing Address **3 OVERBROOK CRESCENT**

City State Zip Code
NEW HARTFORD NY 13413

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼
2739.08

Transaction ID : SA17A.262792.1

Date of Receipt
M M / D D / Y Y Y Y
01 27 2016

REDESIGNATED FROM PRIMARY

Amount of Each Receipt this Period
39.08

[MEMO ITEM]

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

Mailing Address **88 MILLBROOK ROAD**

City State Zip Code
NEW VERNON NJ 07976

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

Name of Employer Occupation
VIAE TRAINING & CONSULTING CORP IT PROJECT MGR AND TRAINER

Receipt For: 2016
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼
291.66

Transaction ID : SA17A.267680

Date of Receipt
M M / D D / Y Y Y Y
01 08 2016

Amount of Each Receipt this Period
60.25

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

Mailing Address **4504 CHINABERRY LN**

City State Zip Code
NAPERVILLE IL 60564

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

Name of Employer Occupation
SELF-EMPLOYED BUSINESS OWNER

Receipt For: 2016
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.262859

Date of Receipt
M M / D D / Y Y Y Y
01 28 2016

Amount of Each Receipt this Period
250.00

Subtotal Of Receipts This Page (optional)..... **310.25**

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)
DONALD J. TRUMP FOR PRESIDENT, INC.

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

Mailing Address **475 E GREENWOOD AVE**

City	State	Zip Code
LAKE FOREST	IL	60045

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

Name of Employer	Occupation
SCHILLER DUCANTO & FLECK LLP	ATTORNEY

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 505.00

Transaction ID : SA17A.261516

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
01			21			2016			

Amount of Each Receipt this Period
 _____ 100.00

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

Mailing Address **146 WEST 57 ST
36 C**

City	State	Zip Code
NEW YORK	NY	10019

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

Name of Employer	Occupation
SELF-EMPLOYED	ARTIST

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 800.00

Transaction ID : SA17A.258197

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
01			05			2016			

Amount of Each Receipt this Period
 _____ 100.00

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

Mailing Address **146 WEST 57 ST
36 C**

City	State	Zip Code
NEW YORK	NY	10019

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

Name of Employer	Occupation
SELF-EMPLOYED	ARTIST

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 900.00

Transaction ID : SA17A.262906

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
01			28			2016			

Amount of Each Receipt this Period
 _____ 100.00

Subtotal Of Receipts This Page (optional).....▶ _____ 300.00

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

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
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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)
DONALD J. TRUMP FOR PRESIDENT, INC.

A. Full Name (Last, First, Middle Initial)
MS. PAOLO MASETTI

Mailing Address **848 CARILLON CT**

City State Zip Code
CREVE COEUR MO 63141

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

Name of Employer Occupation
IPC BJC ST LOUIS MD

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
450.00

Transaction ID : SA17A.259235

Date of Receipt

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

Amount of Each Receipt this Period

25.00

B. Full Name (Last, First, Middle Initial)
MS. PAOLO MASETTI

Mailing Address **848 CARILLON CT**

City State Zip Code
CREVE COEUR MO 63141

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

Name of Employer Occupation
IPC BJC ST LOUIS MD

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
475.00

Transaction ID : SA17A.262221

Date of Receipt

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

Amount of Each Receipt this Period

25.00

C. Full Name (Last, First, Middle Initial)
MS. PAOLO MASETTI

Mailing Address **848 CARILLON CT**

City State Zip Code
CREVE COEUR MO 63141

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

Name of Employer Occupation
IPC BJC ST LOUIS MD

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.288806

Date of Receipt

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

Amount of Each Receipt this Period

25.00

Subtotal Of Receipts This Page (optional)..... **75.00**

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

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
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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)
DONALD J. TRUMP FOR PRESIDENT, INC.

A. Full Name (Last, First, Middle Initial) RUTH MCCANN		Transaction ID : SA17A.260971	
Mailing Address 7930 HAWTHORNE AVE		Date of Receipt M M / D D / Y Y Y Y 01 / 21 / 2016	
City MIAMI BEACH	State FL	Zip Code 33141	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 50.00	
Name of Employer AMERICAN AIRLINES		Occupation PILOT	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 458.01	

B. Full Name (Last, First, Middle Initial) EDWARD MCCARTHY		Transaction ID : SA17A.261407	
Mailing Address 3 LONGMEADOW RD		Date of Receipt M M / D D / Y Y Y Y 01 / 21 / 2016	
City WINNETKA	State IL	Zip Code 60093	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 250.00	
Name of Employer SELF-EMPLOYED		Occupation COMMODITY BROKER	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 250.00	

C. Full Name (Last, First, Middle Initial) JO MCCARTY		Transaction ID : SA17A.267045	
Mailing Address 621 EAST C STREET NONE		Date of Receipt M M / D D / Y Y Y Y 01 / 07 / 2016	
City BELLEVILLE	State IL	Zip Code 62220	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 225.91	
Name of Employer RETIRED		Occupation RETIRED	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 225.91	

Subtotal Of Receipts This Page (optional).....▶ 525.91

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)
DONALD J. TRUMP FOR PRESIDENT, INC.

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

Mailing Address **621 EAST C STREET**
NONE

City **BELLEVILLE** State **IL** Zip Code **62220**

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 ▼
280.76

Transaction ID : SA17A.267897

Date of Receipt
M M / D D / Y Y Y Y
01 / 08 / 2016

Amount of Each Receipt this Period
54.85

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

Mailing Address **11523 NW 51ST PLACE**

City **CORAL SPRINGS** State **FL** Zip Code **33076**

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 ▼
600.00

Transaction ID : SA17A.258614

Date of Receipt
M M / D D / Y Y Y Y
01 / 08 / 2016

Amount of Each Receipt this Period
200.00

C. Full Name (Last, First, Middle Initial)
WERNER MC CHRISTY

Mailing Address **P. O. BOX 952**

City **BRAWLEY** State **CA** Zip Code **92227**

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

Name of Employer **GEORGE MITCHELL BUILDERS** Occupation **CONTRACTOR**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.259718

Date of Receipt
M M / D D / Y Y Y Y
01 / 15 / 2016

Amount of Each Receipt this Period
250.00

Subtotal Of Receipts This Page (optional)..... **504.85**

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)

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<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)
DONALD J. TRUMP FOR PRESIDENT, INC.

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

Mailing Address 1101 S. ARLINGTON RIDGE RD.
APT 208

City ARLINGTON State VA Zip Code 22202

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

Name of Employer HUNTON & WILLIAMS Occupation ATTORNEY

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.262484

Date of Receipt
M M / D D / Y Y Y Y
01 / 26 / 2016

Amount of Each Receipt this Period
250.00

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

Mailing Address 1101 S. ARLINGTON RIDGE RD.
APT 208

City ARLINGTON State VA Zip Code 22202

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

Name of Employer HUNTON & WILLIAMS Occupation ATTORNEY

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
308.45

Transaction ID : SA17A.281977

Date of Receipt
M M / D D / Y Y Y Y
01 / 27 / 2016

Amount of Each Receipt this Period
58.45

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

Mailing Address 4420 SOUTH DECATUR BLVD

City LAS VEGAS State NV Zip Code 89103

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

Name of Employer SELF-EMPLOYED Occupation SALES

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
203.98

Transaction ID : SA17A.281551

Date of Receipt
M M / D D / Y Y Y Y
01 / 27 / 2016

Amount of Each Receipt this Period
203.98

Subtotal Of Receipts This Page (optional).....▶ 512.43

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)
DONALD J. TRUMP FOR PRESIDENT, INC.

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

Mailing Address **36 LAKE AVE**

City State Zip Code
COLORADO SPRINGS CO 80906

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

Name of Employer Occupation
MENTZ LAW FIRM LAWYER TEACHER - LA/CO FEDERAL COUF

Receipt For: 2016
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.288749

Date of Receipt
M M / D D / Y Y Y Y
01 31 2016

Amount of Each Receipt this Period
1700.00

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

Mailing Address **2336 SE OCEAN BLVD #368**

City State Zip Code
STUART FL 34996

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼
689.80

Transaction ID : SA17A.263692

Date of Receipt
M M / D D / Y Y Y Y
01 02 2016

Amount of Each Receipt this Period
218.77

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

Mailing Address **2433 ANDERSON RD**

City State Zip Code
NEWBURGH AL 47630

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

Name of Employer Occupation
EVANSVILLE RADIOLOGY, PC RADIOLOGIST

Receipt For: 2016
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.259784

Date of Receipt
M M / D D / Y Y Y Y
01 15 2016

Amount of Each Receipt this Period
250.00

Subtotal Of Receipts This Page (optional)..... **2168.77**

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

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
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<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)
DONALD J. TRUMP FOR PRESIDENT, INC.

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

Mailing Address **3607 DRY STREET**

City State Zip Code
JOHNS ISLAND SC 29455

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
203.60

Transaction ID : SA17A.261212

Date of Receipt
M M / D D / Y Y Y Y
01 21 2016

Amount of Each Receipt this Period
25.00

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

Mailing Address **611 E ALQUINA ROAD**

City State Zip Code
CONNERSVILLE IN 47331

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

Name of Employer Occupation
IUHEALTH R.N.

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
214.51

Transaction ID : SA17A.282872

Date of Receipt
M M / D D / Y Y Y Y
01 28 2016

Amount of Each Receipt this Period
214.51

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

Mailing Address **1 PHILLIPS COURT**

City State Zip Code
SUSSEX NJ 07461

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
238.13

Transaction ID : SA17A.272320

Date of Receipt
M M / D D / Y Y Y Y
01 15 2016

Amount of Each Receipt this Period
206.46

Subtotal Of Receipts This Page (optional)..... **445.97**

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

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER:
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<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)
DONALD J. TRUMP FOR PRESIDENT, INC.

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

Mailing Address 2602 HACIENDA DR

City State Zip Code
DUBQUE IA 52002

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

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.257200

Date of Receipt

01 / **19** / **2016**

Amount of Each Receipt this Period

250.00

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

Mailing Address PO BOX 160486

City State Zip Code
AUSTIN TX 78716

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

Name of Employer Occupation
MIKHAIL INVESTMENTS REAL ESTATE INVESTOR

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
466.05

Transaction ID : SA17A.272361

Date of Receipt

01 / **15** / **2016**

Amount of Each Receipt this Period

267.29

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

Mailing Address 2580 FRESHWATER RD

City State Zip Code
EUREKA CA 95503

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
301.09

Transaction ID : SA17A.261336

Date of Receipt

01 / **21** / **2016**

Amount of Each Receipt this Period

50.00

Subtotal Of Receipts This Page (optional).....▶ **567.29**

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:
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<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)
DONALD J. TRUMP FOR PRESIDENT, INC.

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

Mailing Address **274 CATTAIL TRAIL**

City State Zip Code
BENTON LA 71006

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

Name of Employer Occupation
TRI-GENERATION LLC LANDLORD

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
231.16

Transaction ID : SA17A.268038

Date of Receipt
M M / D D / Y Y Y Y
01 09 2016

Amount of Each Receipt this Period
104.04

B. Full Name (Last, First, Middle Initial)
MR. Q RICHARD MILLER

Mailing Address **900 WANDO PARK BLVD**

City State Zip Code
MOUNT PLEASANT SC 29464

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
300.00

Transaction ID : SA17A.260718

Date of Receipt
M M / D D / Y Y Y Y
01 19 2016

Amount of Each Receipt this Period
100.00

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

Mailing Address **3192 WOODSTOCK ROAD**

City State Zip Code
ROSSMOOR CA 90720

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.258208

Date of Receipt
M M / D D / Y Y Y Y
01 06 2016

Amount of Each Receipt this Period
250.00

Subtotal Of Receipts This Page (optional)..... **454.04**

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:
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NAME OF COMMITTEE (In Full)
DONALD J. TRUMP FOR PRESIDENT, INC.

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

Mailing Address **5450 EAST DEER VALLEY DRIVE
#4197**

City **PHOENIX** State **AZ** Zip Code **85054**

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 ▼
335.54

Transaction ID : SA17A.276710

Date of Receipt
M M / D D / Y Y Y Y
01 / 20 / 2016

Amount of Each Receipt this Period
335.54

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

Mailing Address **19 TANGLEWOOD LANE**

City **MOUNTAINSIDE** State **NJ** Zip Code **07092**

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

Name of Employer **HERITAGE INVESTMENT PARTNERS, LLP** Occupation **FINANCIAL ADVISOR**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.261573

Date of Receipt
M M / D D / Y Y Y Y
01 / 21 / 2016

Amount of Each Receipt this Period
250.00

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

Mailing Address **19 TANGLEWOOD LANE**

City **MOUNTAINSIDE** State **NJ** Zip Code **07092**

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

Name of Employer **HERITAGE INVESTMENT PARTNERS, LLP** Occupation **FINANCIAL ADVISOR**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
308.45

Transaction ID : SA17A.277380

Date of Receipt
M M / D D / Y Y Y Y
01 / 21 / 2016

Amount of Each Receipt this Period
58.45

Subtotal Of Receipts This Page (optional)..... **643.99**

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

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
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NAME OF COMMITTEE (In Full)
DONALD J. TRUMP FOR PRESIDENT, INC.

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

Mailing Address 59 HILLSIDE TRACE SUITE 113

City State Zip Code
DALLAS GA 30157

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

Name of Employer Occupation
DRIVING SCHOOL MANAGER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
264.59

Transaction ID : SA17A.277019

Date of Receipt

M M / D D / Y Y Y Y
01 / 20 / 2016

Amount of Each Receipt this Period

264.59

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

Mailing Address 143 JERICHO ROAD

City State Zip Code
SCITUATE MA 02066

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

Name of Employer Occupation
TOWN OF SCITUATE FIRE DEPT. ADMIN ASSISTANT

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
230.82

Transaction ID : SA17A.287137

Date of Receipt

M M / D D / Y Y Y Y
01 / 31 / 2016

Amount of Each Receipt this Period

37.49

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

Mailing Address 618 PARKVIEW DR

City State Zip Code
STEAMBOAT SPRINGS CO 80487

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
784.27

Transaction ID : SA17A.261057

Date of Receipt

M M / D D / Y Y Y Y
01 / 21 / 2016

Amount of Each Receipt this Period

100.00

Subtotal Of Receipts This Page (optional).....▶ 402.08

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:
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NAME OF COMMITTEE (In Full)
DONALD J. TRUMP FOR PRESIDENT, INC.

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

Mailing Address 41 SCHERMERHORN ST
183

City State Zip Code
BROOKLYN NY 11201

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

Name of Employer Occupation
MAROON CAPITAL GROUP BANKER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
630.00

Transaction ID : SA17A.256698

Date of Receipt
M M / D D / Y Y Y Y
01 / 29 / 2016

Amount of Each Receipt this Period
30.00

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

Mailing Address 31101 S. 690 RD

City State Zip Code
GROVE OK 74344

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

Name of Employer Occupation
DYNAMIC MACHINE MACHINIST

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
350.00

Transaction ID : SA17A.258198

Date of Receipt
M M / D D / Y Y Y Y
01 / 05 / 2016

Amount of Each Receipt this Period
250.00

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

Mailing Address 269 WEST 72ND STREET
#11A

City State Zip Code
NEW YORK NY 10023

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

Name of Employer Occupation
STATE OF NEW YORK, OFFICE OF THE ATTORNEY GENERAL LAWYER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
750.00

Transaction ID : SA17A.288765

Date of Receipt
M M / D D / Y Y Y Y
01 / 31 / 2016

Amount of Each Receipt this Period
250.00

Subtotal Of Receipts This Page (optional).....▶ 530.00

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

**SCHEDULE A-P
ITEMIZED RECEIPTS**

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FOR LINE NUMBER:
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<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)
DONALD J. TRUMP FOR PRESIDENT, INC.

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

Mailing Address 7985 LOST TREE DRIVE

City State Zip Code
BOARDMAN OH 44512

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
289.18

Transaction ID : SA17A.272748

Date of Receipt
M M / D D / Y Y Y Y
01 / 15 / 2016

Amount of Each Receipt this Period
139.18

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

Mailing Address 18121 E HAMPDEN AVE
C117

City State Zip Code
AURORA CO 80013

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

Name of Employer Occupation
THE AEROSPACE CORP SYSTEMS ENGINEER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
231.67

Transaction ID : SA17A.288542

Date of Receipt
M M / D D / Y Y Y Y
01 / 30 / 2016

Amount of Each Receipt this Period
100.00

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

Mailing Address 1518 DORCHESTER STREET

City State Zip Code
PORT CHARLOTTE FL 33952

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

Name of Employer Occupation
SMITHFIELD FOODS FOOD SERVICE NATIONAL ACCOUNTS
MANAGER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
300.00

Transaction ID : SA17A.255866

Date of Receipt
M M / D D / Y Y Y Y
01 / 04 / 2016

Amount of Each Receipt this Period
50.00

Subtotal Of Receipts This Page (optional).....▶ 289.18

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

**SCHEDULE A-P
ITEMIZED RECEIPTS**

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<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)
DONALD J. TRUMP FOR PRESIDENT, INC.

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

Mailing Address P O BOX 212967

City State Zip Code
ROYAL PALM BEACH FL 33421

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

Name of Employer Occupation
AFCW SERVICES SERVICE CAR WASHES

Receipt For: 2016
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼
1215.94

Transaction ID : SA17A.258139

Date of Receipt
M M / D D / Y Y Y Y
01 / 05 / 2016

Amount of Each Receipt this Period
100.00

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

Mailing Address P O BOX 212967

City State Zip Code
ROYAL PALM BEACH FL 33421

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

Name of Employer Occupation
AFCW SERVICES SERVICE CAR WASHES

Receipt For: 2016
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼
1342.66

Transaction ID : SA17A.265495

Date of Receipt
M M / D D / Y Y Y Y
01 / 05 / 2016

Amount of Each Receipt this Period
126.72

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

Mailing Address 401 EAST 86TH ST.
16A

City State Zip Code
NEW YORK NY 10028

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼
1260.63

Transaction ID : SA17A.271512

Date of Receipt
M M / D D / Y Y Y Y
01 / 14 / 2016

Amount of Each Receipt this Period
79.56

Subtotal Of Receipts This Page (optional).....▶ 306.28

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)
DONALD J. TRUMP FOR PRESIDENT, INC.

A. Full Name (Last, First, Middle Initial) WILLIAM MURPHY		Transaction ID : SA17A.259201	
Mailing Address 2461 NW COUNTY ROAD 4071		Date of Receipt M M / D D / Y Y Y Y 01 / 11 / 2016	
City FROST	State TX	Zip Code 76641	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 50.00	
Name of Employer RETIRED	Occupation RETIRED		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 262.30	

B. Full Name (Last, First, Middle Initial) DAWN MURRAY		Transaction ID : SA17A.260551	
Mailing Address 8393 BOULDER SHORES DRIVE		Date of Receipt M M / D D / Y Y Y Y 01 / 19 / 2016	
City SOUTH LYON	State MI	Zip Code 48178	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 250.00	
Name of Employer M2 AIR	Occupation CFO		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 250.00	

C. Full Name (Last, First, Middle Initial) RAY MYERS		Transaction ID : SA17A.273634	
Mailing Address PO BOX 10562		Date of Receipt M M / D D / Y Y Y Y 01 / 16 / 2016	
City RENO	State NV	Zip Code 88510	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 287.29	
Name of Employer RAYCO DRYWALL	Occupation OWNER		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 287.29	

Subtotal Of Receipts This Page (optional).....▶ 587.29

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

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
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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)

DONALD J. TRUMP FOR PRESIDENT, INC.

A. Full Name (Last, First, Middle Initial)
MS. STEVEN NAWROCKI

Mailing Address 5297 FOREST VALLEY

City State Zip Code
CLARKSTON MI 48348

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

Name of Employer Occupation
BRIDGEVALLEY OWNER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.259361

Date of Receipt

M M / D D / Y Y Y Y
01 / 12 / 2016

Amount of Each Receipt this Period

2700.00

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

Mailing Address PO BOX 603

City State Zip Code
BEMIDJI MN 56619

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
350.00

Transaction ID : SA17A.259210

Date of Receipt

M M / D D / Y Y Y Y
01 / 11 / 2016

Amount of Each Receipt this Period

100.00

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

Mailing Address 1020 RALEIGH DRIVE
APT 2206

City State Zip Code
CARROLLTON TX 75007

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

Name of Employer Occupation
AICO INSURANCE (AMERICAN INTERNATIONAL) RISK MANAGEMENT

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
410.51

Transaction ID : SA17A.255905

Date of Receipt

M M / D D / Y Y Y Y
01 / 07 / 2016

Amount of Each Receipt this Period

50.00

Subtotal Of Receipts This Page (optional).....▶ 2850.00

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

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
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<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)
DONALD J. TRUMP FOR PRESIDENT, INC.

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

Mailing Address 9711 US HWY 231 SOUTH

City	State	Zip Code
DOTHAN	AL	36301

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

Name of Employer	Occupation
SELF-EMPLOYED	CATTLEMAN

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 600.00

Transaction ID : SA17A.261398

Date of Receipt

M M / D D / Y Y Y Y
01 / 21 / 2016

Amount of Each Receipt this Period

_____ 100.00

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

Mailing Address PO BOX 309

City	State	Zip Code
ALLEN	OK	74825

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

Name of Employer	Occupation
J&S EXCHANGE, INC.	SELF EMPLOYED - TRUCKING COMPANY

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 278.75

Transaction ID : SA17A.280911

Date of Receipt

M M / D D / Y Y Y Y
01 / 26 / 2016

Amount of Each Receipt this Period

_____ 278.75

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

Mailing Address 40 INDIAN HILL

City	State	Zip Code
WINNETKA	IL	60093

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

Name of Employer	Occupation
SELF-EMPLOYED	COMMODITY TRADER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 2162.45

Transaction ID : SA17A.258370

Date of Receipt

M M / D D / Y Y Y Y
01 / 06 / 2016

Amount of Each Receipt this Period

_____ 1000.00

Subtotal Of Receipts This Page (optional).....▶ _____ 1378.75

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

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
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<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)
DONALD J. TRUMP FOR PRESIDENT, INC.

A. Full Name (Last, First, Middle Initial) JOHN NEWQUIST Mailing Address 3845 WOODBINE ROAD City State Zip Code WOODBINE ROAD MD 21797 FEC ID number of contributing federal political committee. C Name of Employer Occupation RETIRED RETIRED Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ Amount of Each Receipt this Period 533.65		Transaction ID : SA17A.267537 Date of Receipt M M / D D / Y Y Y Y 01 / 08 / 2016 Amount of Each Receipt this Period 283.65
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B. Full Name (Last, First, Middle Initial) JONATHAN NICHOLS Mailing Address 3901 ANNALANE DRIVE City State Zip Code NORMAN OK 73072 FEC ID number of contributing federal political committee. C Name of Employer Occupation OKLAHOMA SENATE CHIEF OF STAFF Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ Amount of Each Receipt this Period 408.13		Transaction ID : SA17A.282049 Date of Receipt M M / D D / Y Y Y Y 01 / 27 / 2016 Amount of Each Receipt this Period 408.13
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C. Full Name (Last, First, Middle Initial) JERRY NICKELL Mailing Address 1888 ROCK HILL ROAD City State Zip Code AUBREY TX 76227 FEC ID number of contributing federal political committee. C Name of Employer Occupation SELF-EMPLOYED CONSULTANT Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ Amount of Each Receipt this Period 2000.00		Transaction ID : SA17A.261106 Date of Receipt M M / D D / Y Y Y Y 01 / 21 / 2016 Amount of Each Receipt this Period 250.00
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Subtotal Of Receipts This Page (optional).....▶ **941.78**

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)
DONALD J. TRUMP FOR PRESIDENT, INC.

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

Mailing Address 14978 EAST LIVERPOOL RD

City State Zip Code
EAST LIVERPOOL OH 43920

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

Name of Employer Occupation
NMS INDUSTRIAL SERVICES MACHINIST

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.260025

Date of Receipt
M M / D D / Y Y Y Y
01 / 16 / 2016

Amount of Each Receipt this Period
500.00

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

Mailing Address 5474 SOUTHERN VALLEY LOOP

City State Zip Code
BROOKVILLE FL 34601

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

Name of Employer Occupation
JAMES A HALEY VA HPSPITAL HEALTHCARE MANAGEMENT

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.288822

Date of Receipt
M M / D D / Y Y Y Y
01 / 31 / 2016

Amount of Each Receipt this Period
250.00

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

Mailing Address 5400 BEACON STREET

City State Zip Code
PITTSBURGH PA 15217

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

Name of Employer Occupation
UNISON SITE MANAGEMENT LLC MANAGING DIRECTOR

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.261748

Date of Receipt
M M / D D / Y Y Y Y
01 / 22 / 2016

Amount of Each Receipt this Period
2700.00

Subtotal Of Receipts This Page (optional).....▶ 3450.00

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

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
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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)
DONALD J. TRUMP FOR PRESIDENT, INC.

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

Mailing Address **215 EAST 24TH STREET**
823

City **NEW YORK** State **NY** Zip Code **10010**

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

Name of Employer **GLOBAL BIOMECHANICAL SOLUTIONS** Occupation **PRESIDENT**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1500.00

Transaction ID : SA17A.260500

Date of Receipt
M M / D D / Y Y Y Y
01 / 18 / 2016

Amount of Each Receipt this Period
1000.00

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

Mailing Address **1041 E RAVINE LANE**

City **BAYSIDE** State **WI** Zip Code **53217**

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

Name of Employer **LOOKING GLASS INVESTMENTS** Occupation **PRESIDENT**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17A.288824

Date of Receipt
M M / D D / Y Y Y Y
01 / 31 / 2016

Amount of Each Receipt this Period
1000.00

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

Mailing Address **50 MORNING GLORY LN**

City **LEVITTOWN** State **PA** Zip Code **19054**

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 ▼
284.56

Transaction ID : SA17A.260631

Date of Receipt
M M / D D / Y Y Y Y
01 / 19 / 2016

Amount of Each Receipt this Period
100.00

Subtotal Of Receipts This Page (optional).....▶ **2100.00**

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

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
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<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)
DONALD J. TRUMP FOR PRESIDENT, INC.

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

Mailing Address 50 MORNING GLORY LN

City State Zip Code
LEVITTOWN PA 19054

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
334.56

Transaction ID : SA17A.262193

Date of Receipt
M M / D D / Y Y Y Y
01 / 25 / 2016

Amount of Each Receipt this Period
50.00

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

Mailing Address 1761 E CYRENE DR

City State Zip Code
CARSON CA 90746

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

Name of Employer Occupation
GABRIEL ONOH SELF EMPLOYED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.263084

Date of Receipt
M M / D D / Y Y Y Y
01 / 28 / 2016

Amount of Each Receipt this Period
250.00

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

Mailing Address 823 OAKWOOD AVE.

City State Zip Code
GLENDDORA CA 91741

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
300.00

Transaction ID : SA17A.261400

Date of Receipt
M M / D D / Y Y Y Y
01 / 21 / 2016

Amount of Each Receipt this Period
50.00

Subtotal Of Receipts This Page (optional).....▶ 350.00

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

**SCHEDULE A-P
ITEMIZED RECEIPTS**

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Detailed Summary Page

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<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)
DONALD J. TRUMP FOR PRESIDENT, INC.

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

Mailing Address 4608 E. 108TH PLACE

City State Zip Code
TULSA OK 74137

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

Name of Employer Occupation
GARY GILLIAM OFFICE

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
449.65

Transaction ID : SA17A.267667

Date of Receipt
M M / D D / Y Y Y Y
01 / 08 / 2016

Amount of Each Receipt this Period
75.40

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

Mailing Address 137 PEACHTREE HILLS AVE.

City State Zip Code
ATLANTA GA 30305

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17A.261011

Date of Receipt
M M / D D / Y Y Y Y
01 / 21 / 2016

Amount of Each Receipt this Period
250.00

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

Mailing Address 3864 OWENA ST

City State Zip Code
HONOLULU HI 96815

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
221.96

Transaction ID : SA17A.271779

Date of Receipt
M M / D D / Y Y Y Y
01 / 15 / 2016

Amount of Each Receipt this Period
121.96

Subtotal Of Receipts This Page (optional).....▶ 447.36

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

**SCHEDULE A-P
ITEMIZED RECEIPTS**

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Detailed Summary Page

FOR LINE NUMBER:
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<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)
DONALD J. TRUMP FOR PRESIDENT, INC.

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

Mailing Address 99 ROCKLAND ROAD

City State Zip Code
SPARKILL NY 10976

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

Name of Employer Occupation
SELF-EMPLOYED REAL ESTATE APPRAISER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1350.00

Transaction ID : SA17A.262838

Date of Receipt
M M / D D / Y Y Y Y
01 / 27 / 2016

Amount of Each Receipt this Period
250.00

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

Mailing Address 9 NW 23RD PLACE

City State Zip Code
PORTLAND OR 97210

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

Name of Employer Occupation
SELF-EMPLOYED BUSINESS OWNER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
340.51

Transaction ID : SA17A.276017

Date of Receipt
M M / D D / Y Y Y Y
01 / 19 / 2016

Amount of Each Receipt this Period
116.25

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

Mailing Address 46 YARMOUTH LN

City State Zip Code
NORTH EAST MD 21901

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

Name of Employer Occupation
DOD/DOA BUDGET/MANAGEMENT ANALYST

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
325.00

Transaction ID : SA17A.258677

Date of Receipt
M M / D D / Y Y Y Y
01 / 08 / 2016

Amount of Each Receipt this Period
35.00

Subtotal Of Receipts This Page (optional).....▶ 401.25

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

**SCHEDULE A-P
ITEMIZED RECEIPTS**

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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)
DONALD J. TRUMP FOR PRESIDENT, INC.

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

Mailing Address 46 YARMOUTH LN

City State Zip Code
NORTH EAST MD 21901

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

Name of Employer Occupation
DOD/DOA BUDGET/MANAGEMENT ANALYST

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
360.00

Transaction ID : SA17A.260541

Date of Receipt
M M / D D / Y Y Y Y
01 / 19 / 2016

Amount of Each Receipt this Period
35.00

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

Mailing Address 46 YARMOUTH LN

City State Zip Code
NORTH EAST MD 21901

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

Name of Employer Occupation
DOD/DOA BUDGET/MANAGEMENT ANALYST

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
390.00

Transaction ID : SA17A.261100

Date of Receipt
M M / D D / Y Y Y Y
01 / 21 / 2016

Amount of Each Receipt this Period
30.00

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

Mailing Address 2836 MCFARLIN BLVD

City State Zip Code
DALLAS TX 75205

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

Name of Employer Occupation
SELF-EMPLOYED REAL ESTATE

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.260198

Date of Receipt
M M / D D / Y Y Y Y
01 / 17 / 2016

Amount of Each Receipt this Period
500.00

Subtotal Of Receipts This Page (optional).....▶ 565.00

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)
DONALD J. TRUMP FOR PRESIDENT, INC.

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

Mailing Address 170 S-12 RD
PO 164

City MITCHELL State NE Zip Code 69357

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

Name of Employer Occupation
SELF-EMPLOYED FARMER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
210.88

Transaction ID : SA17A.276547

Date of Receipt
M M / D D / Y Y Y Y
01 / 20 / 2016

Amount of Each Receipt this Period
110.88

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

Mailing Address 1070 SOUTH ST.

City DAYTON State ME Zip Code 04073

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

Name of Employer Occupation
RSU21 KENNEBUNK MAINE PLUMBER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
328.34

Transaction ID : SA17A.276323

Date of Receipt
M M / D D / Y Y Y Y
01 / 20 / 2016

Amount of Each Receipt this Period
169.89

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

Mailing Address 5001 AVENIDA DE LOS REYES

City YORBA LINDA State CA Zip Code 92886

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

Name of Employer Occupation
SELF-EMPLOYED BROKER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.257803

Date of Receipt
M M / D D / Y Y Y Y
01 / 04 / 2016

Amount of Each Receipt this Period
250.00

Subtotal Of Receipts This Page (optional).....▶ 530.77

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)
DONALD J. TRUMP FOR PRESIDENT, INC.

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

Mailing Address 2121 REGAN ROAD

City State Zip Code
LEXINGTON NC 27292

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

Name of Employer Occupation
JAN JUDGE

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.261343

Date of Receipt
M M / D D / Y Y Y Y
01 / 21 / 2016

Amount of Each Receipt this Period
50.00

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

Mailing Address 35099 STATE HWY 74 #F3

City State Zip Code
HEMET CA 92545

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

Name of Employer Occupation
CAB CHRISTIAN INC PRESIDENT

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1557.97

Transaction ID : SA17A.257921

Date of Receipt
M M / D D / Y Y Y Y
01 / 04 / 2016

Amount of Each Receipt this Period
250.00

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

Mailing Address 1511 SHADOW RIDGE CIR.

City State Zip Code
WOODSTOCK GA 30189

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
527.49

Transaction ID : SA17A.275083

Date of Receipt
M M / D D / Y Y Y Y
01 / 18 / 2016

Amount of Each Receipt this Period
426.39

Subtotal Of Receipts This Page (optional).....▶ 726.39

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)
DONALD J. TRUMP FOR PRESIDENT, INC.

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

Mailing Address 629 BROADWAY

City State Zip Code
EVERETT MA 02149

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

Name of Employer Occupation
PHILBIN INSURANCE GROUP INSURANCE

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
238.74

Transaction ID : SA17A.264361

Date of Receipt
M M / D D / Y Y Y Y
01 / 03 / 2016

Amount of Each Receipt this Period
238.74

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

Mailing Address 107 BUHLMONT DR

City State Zip Code
SEWICKLEY PA 15143

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

Name of Employer Occupation
AHN PHYSICIAN

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
265.17

Transaction ID : SA17A.288200

Date of Receipt
M M / D D / Y Y Y Y
01 / 28 / 2016

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
MATTHEW R PIERCE

Mailing Address 6003 CALEDONIA CT.

City State Zip Code
OAK PARK CA 91377

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

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
273.37

Transaction ID : SA17A.267531

Date of Receipt
M M / D D / Y Y Y Y
01 / 08 / 2016

Amount of Each Receipt this Period
157.99

Subtotal Of Receipts This Page (optional).....▶ 496.73

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)
DONALD J. TRUMP FOR PRESIDENT, INC.

A. Full Name (Last, First, Middle Initial)
TYRONE F. PIKE

Mailing Address 3295 WOODSIDE ROAD

City State Zip Code
WOODSIDE CA 94062

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

Name of Employer Occupation
TYRONE F. PIKE EXECUTIVE CITRIX SYSTEMS, INC.

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.288764

Date of Receipt
M M / D D / Y Y Y Y
01 / 31 / 2016

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
ELIZABETH A PIRCIO

Mailing Address 31 BRIERWOOD ROAD

City State Zip Code
BRAintree MA 02184

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

Name of Employer Occupation
ELIZABETH A PIRCIO, CPA CERTIFIED PUBLIC ACCOUNTANT

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.258004

Date of Receipt
M M / D D / Y Y Y Y
01 / 04 / 2016

Amount of Each Receipt this Period
250.00

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

Mailing Address 9935 SHORE ROAD
UNIT 6C

City State Zip Code
BROOKLYN NY 11209

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

Name of Employer Occupation
BORROWMONEY.COM INC PRESIDENT/DIRECTOR

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.261518

Date of Receipt
M M / D D / Y Y Y Y
01 / 21 / 2016

Amount of Each Receipt this Period
250.00

Subtotal Of Receipts This Page (optional).....▶ 750.00

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)
DONALD J. TRUMP FOR PRESIDENT, INC.

A. Full Name (Last, First, Middle Initial)
MICHAEL PRELEC SR

Mailing Address 4175 HWY 11

City	State	Zip Code
DELAND	FL	32724

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
DELTONA TRANSFORMER CORP	BUSINESS OWNER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.257790

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
01			04			2016			

Amount of Each Receipt this Period

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

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

Mailing Address 187 WINNERS CIRCLE

City	State	Zip Code
MAGNOLIA	DE	19962

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
AMERICAN PROFILES	MAILING LIST BROKER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.264334

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
01			03			2016			

Amount of Each Receipt this Period

<input type="text" value="139.13"/>

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

Mailing Address 2360 HAMETOWN RD

City	State	Zip Code
GLEN ROCK	PA	17327

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 : SA17A.259215

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
01			11			2016			

Amount of Each Receipt this Period

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

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)
DONALD J. TRUMP FOR PRESIDENT, INC.

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

Mailing Address 2360 HAMETOWN RD

City State Zip Code
GLEN ROCK PA 17327

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
537.35

Transaction ID : SA17A.269878

Date of Receipt

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

Amount of Each Receipt this Period

7	6	9	8	7	8
5	3	7	.	3	5

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

Mailing Address 5100 US HIGHWAY 42
APT 326

City State Zip Code
LOUISVILLE KY 40241

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

Name of Employer Occupation
HIMAGINE SOLUTIONS CODING CONSULTANT

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
450.00

Transaction ID : SA17A.260105

Date of Receipt

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

Amount of Each Receipt this Period

7	6	9	8	7	8
3	0	0	.	0	0

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

Mailing Address 138 WEBSTER COURT

City State Zip Code
PARK CITY UT 84060

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

Name of Employer Occupation
PARK CITY PARTNERS INVESTMENTS

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
432.40

Transaction ID : SA17A.281980

Date of Receipt

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

Amount of Each Receipt this Period

7	6	9	8	7	8
4	3	2	.	4	0

Subtotal Of Receipts This Page (optional).....▶ **769.75**

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)
DONALD J. TRUMP FOR PRESIDENT, INC.

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

Mailing Address 100 PASSAIC AVENUE SUITE 220

City State Zip Code
FAIRFIELD NJ 07004

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

Name of Employer Occupation
DENTISTRY TODAY VICE PRESIDENT/ SALES

Receipt For: 2016
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17A.259572

Date of Receipt
M M / D D / Y Y Y Y
01 / 14 / 2016

Amount of Each Receipt this Period
250.00

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

Mailing Address 24047 BATT CORNER ROAD
DIXIE

City State Zip Code
PARMA ID 83660

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

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼
800.00

Transaction ID : SA17A.260994

Date of Receipt
M M / D D / Y Y Y Y
01 / 21 / 2016

Amount of Each Receipt this Period
100.00

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

Mailing Address 2131 RICHMOND ROAD

City State Zip Code
STATEN ISLAND NY 10306

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

Name of Employer Occupation
SELF-EMPLOYED PLASTIC SURGEON

Receipt For: 2016
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼
600.00

Transaction ID : SA17A.261061

Date of Receipt
M M / D D / Y Y Y Y
01 / 21 / 2016

Amount of Each Receipt this Period
100.00

Subtotal Of Receipts This Page (optional).....▶ 450.00

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

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
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<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)
DONALD J. TRUMP FOR PRESIDENT, INC.

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

Mailing Address 12 GOVERNOR BLAKE COURT

City State Zip Code
BEAUFORT SC 29907

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
214.04

Transaction ID : SA17A.269246

Date of Receipt
M M / D D / Y Y Y Y
01 / 11 / 2016

Amount of Each Receipt this Period
114.04

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

Mailing Address 6982 MELBOURNE DR

City State Zip Code
FAYETTEVILLE NC 28314

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

Name of Employer Occupation
MILITARY PARATROOPER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
700.00

Transaction ID : SA17A.261019

Date of Receipt
M M / D D / Y Y Y Y
01 / 21 / 2016

Amount of Each Receipt this Period
100.00

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

Mailing Address 224 SOUTH MAGNOLIA DRIVE

City State Zip Code
GLENSHAW PA 15116

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
212.07

Transaction ID : SA17A.265801

Date of Receipt
M M / D D / Y Y Y Y
01 / 05 / 2016

Amount of Each Receipt this Period
63.45

Subtotal Of Receipts This Page (optional).....▶ 277.49

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)
DONALD J. TRUMP FOR PRESIDENT, INC.

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

Mailing Address 2272 W TRESTLE DR

City State Zip Code
MERIDIAN ID 83646

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
795.85

Transaction ID : SA17A.262627

Date of Receipt
M M / D D / Y Y Y Y
01 / 27 / 2016

Amount of Each Receipt this Period
100.00

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

Mailing Address 7685 ST MARLO COUNTRY CLUB PKWY

City State Zip Code
DULUTH GA 30097

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

Name of Employer Occupation
RENDA ASSOCIATES, LLC INDEPENDENT INSURANCE AGENT

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
600.00

Transaction ID : SA17A.255938

Date of Receipt
M M / D D / Y Y Y Y
01 / 08 / 2016

Amount of Each Receipt this Period
100.00

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

Mailing Address 10639 VIRGO ST NW

City State Zip Code
ALBUQUERQUE NM 87114

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
212.54

Transaction ID : SA17A.264777

Date of Receipt
M M / D D / Y Y Y Y
01 / 04 / 2016

Amount of Each Receipt this Period
57.67

Subtotal Of Receipts This Page (optional).....▶ 257.67

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)
DONALD J. TRUMP FOR PRESIDENT, INC.

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

Mailing Address 4525 OLD HIGHWAY 69

City State Zip Code
FLORENCE WI 54121

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

Name of Employer Occupation
ASPIRUS IRON RIVER HOSPITAL OPERATING ROOM RN

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
204.70

Transaction ID : SA17A.288773

Date of Receipt
M M / D D / Y Y Y Y
01 / 31 / 2016

Amount of Each Receipt this Period
25.00

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

Mailing Address 13810 STONE HOLLOW

City State Zip Code
SAN ANTONIO TX 78232

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
222.77

Transaction ID : SA17A.269743

Date of Receipt
M M / D D / Y Y Y Y
01 / 11 / 2016

Amount of Each Receipt this Period
127.99

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

Mailing Address 960 EMERALD BAY ROAD
5

City State Zip Code
SOUTH LAKE TAHOE CA 96150

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

Name of Employer Occupation
SELF-EMPLOYED PHYSICIAN

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.261327

Date of Receipt
M M / D D / Y Y Y Y
01 / 21 / 2016

Amount of Each Receipt this Period
100.00

Subtotal Of Receipts This Page (optional).....▶ 252.99

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)
DONALD J. TRUMP FOR PRESIDENT, INC.

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

Mailing Address 95 CONASAUGA WAY

City State Zip Code
CHATSWORTH GA 30705

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

Name of Employer Occupation
LEONARD RIDLEY SELF-EMPLOYED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
208.67

Transaction ID : SA17A.263683

Date of Receipt

M M / D D / Y Y Y Y
01 / 02 / 2016

Amount of Each Receipt this Period

110.45

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

Mailing Address 95 CONASAUGA WAY

City State Zip Code
CHATSWORTH GA 30705

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

Name of Employer Occupation
LEONARD RIDLEY SELF-EMPLOYED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
243.54

Transaction ID : SA17A.265034

Date of Receipt

M M / D D / Y Y Y Y
01 / 04 / 2016

Amount of Each Receipt this Period

34.87

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

Mailing Address 2508 SUNSET DR
0

City State Zip Code
BELLEVILLE KS 66935

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

Name of Employer Occupation
SELF-EMPLOYED RANCHIN

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
404.06

Transaction ID : SA17A.267084

Date of Receipt

M M / D D / Y Y Y Y
01 / 07 / 2016

Amount of Each Receipt this Period

267.29

Subtotal Of Receipts This Page (optional).....▶ 412.61

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)
DONALD J. TRUMP FOR PRESIDENT, INC.

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

Mailing Address 5302 BROOKEWAY DR

City State Zip Code
BETHESDA MD 20816

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1500.00

Transaction ID : SA17A.255919

Date of Receipt

M M / D D / Y Y Y Y
01 / 07 / 2016

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)
COL RAY D RITTENHOUSE

Mailing Address 17318 ELVERSON OAKS DRIVE

City State Zip Code
TOMBALL TX 77377

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

Name of Employer Occupation
SELF-EMPLOYED MANAGEMENT

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
300.00

Transaction ID : SA17A.262777

Date of Receipt

M M / D D / Y Y Y Y
01 / 27 / 2016

Amount of Each Receipt this Period

100.00

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

Mailing Address PO BOX 302

City State Zip Code
SENECA MO 64865

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

Name of Employer Occupation
RITTER RAIL OWNER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.258008

Date of Receipt

M M / D D / Y Y Y Y
01 / 04 / 2016

Amount of Each Receipt this Period

250.00

Subtotal Of Receipts This Page (optional).....▶ 600.00

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)
DONALD J. TRUMP FOR PRESIDENT, INC.

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

Mailing Address PO BOX 302

City State Zip Code
SENECA MO 64865

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

Name of Employer Occupation
RITTER RAIL OWNER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
366.22

Transaction ID : SA17A.264817

Date of Receipt

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

Amount of Each Receipt this Period

1	1	6	2	2
---	---	---	---	---

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

Mailing Address 2023 E SIMS WAY #288

City State Zip Code
PORT TOWNSEND WA 98368

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
428.32

Transaction ID : SA17A.265738

Date of Receipt

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

Amount of Each Receipt this Period

2	2	6	4	0
---	---	---	---	---

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

Mailing Address 485 NEW PARK AVE

City State Zip Code
WEST HARTFORD CT 06110

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

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
269.71

Transaction ID : SA17A.261016

Date of Receipt

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

Amount of Each Receipt this Period

5	0	0	0
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Subtotal Of Receipts This Page (optional).....▶

392.62

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

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**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)
DONALD J. TRUMP FOR PRESIDENT, INC.

A. Full Name (Last, First, Middle Initial) WENDY ROTHSTEIN		Transaction ID : SA17A.283695	
Mailing Address 4444 RIVERSIDE DRIVE		Date of Receipt M M / D D / Y Y Y Y 01 / 28 / 2016	
City CRYSTAL LAKE	State IL	Zip Code 60014	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 60.25	
Name of Employer MCHENRYCOM COMPANY (DBA) MC.NET	Occupation CEO		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 312.72		

B. Full Name (Last, First, Middle Initial) ROBERT ROUX		Transaction ID : SA17A.261009	
Mailing Address 994 SAN SEBASTIAN DR.		Date of Receipt M M / D D / Y Y Y Y 01 / 21 / 2016	
City FENTON	State MO	Zip Code 63026	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00	
Name of Employer RETIRED	Occupation RETIRED		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00		

C. Full Name (Last, First, Middle Initial) CRAIG ROWLAND		Transaction ID : SA17A.257928	
Mailing Address 25 NW 23RD PL 6-210		Date of Receipt M M / D D / Y Y Y Y 01 / 04 / 2016	
City PORTLAND	State OR	Zip Code 97210	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2700.00	
Name of Employer CRAIG ROWLAND	Occupation CEO		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2700.00		

Subtotal Of Receipts This Page (optional).....▶ 2785.25

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)
DONALD J. TRUMP FOR PRESIDENT, INC.

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

Mailing Address **825 N BROADWAY
SUITE 300**

City **OKC** State **OK** Zip Code **73102**

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

Name of Employer **SELF-EMPLOYED** Occupation **REAL ESTATE**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
245.81

Transaction ID : SA17A.263763

Date of Receipt
M M / D D / Y Y Y Y
01 / 02 / 2016

Amount of Each Receipt this Period
160.81

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

Mailing Address **1902 W CANTON RD**

City **EDINBURG** State **TX** Zip Code **78539**

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

Name of Employer **RMR INC DBA RUIZSALES OWNER** Occupation **PRODUCE DISTRIBUTOR**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
701.68

Transaction ID : SA17A.278881

Date of Receipt
M M / D D / Y Y Y Y
01 / 23 / 2016

Amount of Each Receipt this Period
395.14

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

Mailing Address **70 SW CENTURY DR STE 100-103**

City **BEND** State **OR** Zip Code **97702**

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 ▼
1000.00

Transaction ID : SA17A.262371

Date of Receipt
M M / D D / Y Y Y Y
01 / 26 / 2016

Amount of Each Receipt this Period
500.00

Subtotal Of Receipts This Page (optional).....▶ **1055.95**

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

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
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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)
DONALD J. TRUMP FOR PRESIDENT, INC.

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

Mailing Address 11 CATAWBA AVE.

City State Zip Code
NEWFIELD NJ 08344

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

Name of Employer Occupation
BRIDGETON BD. OF ED. TEACHER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
350.00

Transaction ID : SA17A.258168

Date of Receipt
M M / D D / Y Y Y Y
01 / 05 / 2016

Amount of Each Receipt this Period
50.00

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

Mailing Address 562A NEW HIGHWAY
APARTMENT 2E

City State Zip Code
HAUPPAUGE NY 11788

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

Name of Employer Occupation
WATERMEADOW MEDICAL WRITER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
231.67

Transaction ID : SA17A.260733

Date of Receipt
M M / D D / Y Y Y Y
01 / 19 / 2016

Amount of Each Receipt this Period
100.00

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

Mailing Address P.O. BOX 1193

City State Zip Code
WAUKEE IA 50263

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

Name of Employer Occupation
SELF-EMPLOYED CONSULTANT

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.259983

Date of Receipt
M M / D D / Y Y Y Y
01 / 16 / 2016

Amount of Each Receipt this Period
250.00

Subtotal Of Receipts This Page (optional).....▶ 400.00

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)
DONALD J. TRUMP FOR PRESIDENT, INC.

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

Mailing Address 1040 OLD LANE

City State Zip Code
DREXEL HILL PA 19026

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

Name of Employer Occupation
TRENTON THUNDER ANNOUNCER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
329.19

Transaction ID : SA17A.280746

Date of Receipt
M M / D D / Y Y Y Y
01 / 26 / 2016

Amount of Each Receipt this Period
229.19

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

Mailing Address 812 SOUTH BRAND BLVD

City State Zip Code
GLENDALE CA 91436

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

Name of Employer Occupation
SAGE HOLDING COMPANY OWNER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1127.89

Transaction ID : SA17A.273043

Date of Receipt
M M / D D / Y Y Y Y
01 / 16 / 2016

Amount of Each Receipt this Period
127.89

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

Mailing Address 812 SOUTH BRAND BLVD

City State Zip Code
GLENDALE CA 91436

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

Name of Employer Occupation
SAGE HOLDING COMPANY OWNER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1304.16

Transaction ID : SA17A.274151

Date of Receipt
M M / D D / Y Y Y Y
01 / 17 / 2016

Amount of Each Receipt this Period
176.27

Subtotal Of Receipts This Page (optional).....▶ 533.35

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

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
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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)
DONALD J. TRUMP FOR PRESIDENT, INC.

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

Mailing Address **2885 BASSWOOD DRIVE**

City **MINNETRISTA** State **MN** Zip Code **55364**

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

Name of Employer **MATT SCHREMPP, CPA** Occupation **ACCOUNTANT**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
234.50

Transaction ID : SA17A.277187

Date of Receipt
M M / D D / Y Y Y Y
01 / 21 / 2016

Amount of Each Receipt this Period
234.50

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

Mailing Address **1947 KETTLE CREEK DRIVE**

City **DE PERE** State **WI** Zip Code **54115**

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

Name of Employer **JACK SCHROEDER AND ASSOCIATES, INC.** Occupation **CEO**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1500.00

Transaction ID : SA17A.255918

Date of Receipt
M M / D D / Y Y Y Y
01 / 07 / 2016

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
STEPHEN SCHROEDER SR

Mailing Address **3045 BAY VIEW DRIVE**

City **LAKE SPIVEY** State **GA** Zip Code **30236**

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

Name of Employer **SCHROEDER INVESTMENTS LLC** Occupation **CONSTRUCTION WORKER**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
650.00

Transaction ID : SA17A.256854

Date of Receipt
M M / D D / Y Y Y Y
01 / 08 / 2016

Amount of Each Receipt this Period
200.00

Subtotal Of Receipts This Page (optional)..... **684.50**

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

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
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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)
DONALD J. TRUMP FOR PRESIDENT, INC.

A. Full Name (Last, First, Middle Initial) JOHN A. SHAW		Transaction ID : SA17A.261105	
Mailing Address 3555 HAMLET PLACE		Date of Receipt M M / D D / Y Y Y Y 01 / 21 / 2016	
City CHEVY CHASE	State MD	Zip Code 20815	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period _____ 100.00	
Name of Employer RETIRED	Occupation RETIRED		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ _____ 300.00	

B. Full Name (Last, First, Middle Initial) JIM SHEA		Transaction ID : SA17A.282406	
Mailing Address 309 HIGH ST.		Date of Receipt M M / D D / Y Y Y Y 01 / 28 / 2016	
City CANTON	State MA	Zip Code 02021	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period _____ 77.50	
Name of Employer PASEK CORP	Occupation SALES		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ _____ 208.36	

C. Full Name (Last, First, Middle Initial) CHRISTOPHER SHERMAN		Transaction ID : SA17A.260001	
Mailing Address 23448 WAYFARER COURT		Date of Receipt M M / D D / Y Y Y Y 01 / 16 / 2016	
City AUBURN	State CA	Zip Code 95602	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period _____ 250.00	
Name of Employer DEPT OF TOXIC SUBSTANCES CONTROL	Occupation ENGINEER		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ _____ 369.28	

Subtotal Of Receipts This Page (optional).....▶ _____ 427.50

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

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
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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)
DONALD J. TRUMP FOR PRESIDENT, INC.

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

Mailing Address **PO BOX 2291**

City State Zip Code
NORTH PLATTE NE 69103

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

Name of Employer Occupation
WALMART QC

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
278.62

Transaction ID : SA17A.261308

Date of Receipt
M M / D D / Y Y Y Y
01 / 21 / 2016

Amount of Each Receipt this Period
25.00

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

Mailing Address **845 JEFF ROAD**

City State Zip Code
HUNTSVILLE AL 35806

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

Name of Employer Occupation
COLSA CONSULTANT

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.262356

Date of Receipt
M M / D D / Y Y Y Y
01 / 26 / 2016

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
MR. PABLO SIERRA

Mailing Address **4133 DUNGAN ST**

City State Zip Code
PHILADELPHIA PA 19124

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

Name of Employer Occupation
PABLO R SIERRA HANDYMAN

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
205.00

Transaction ID : SA17A.259240

Date of Receipt
M M / D D / Y Y Y Y
01 / 11 / 2016

Amount of Each Receipt this Period
25.00

Subtotal Of Receipts This Page (optional)..... **300.00**

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)
DONALD J. TRUMP FOR PRESIDENT, INC.

A. Full Name (Last, First, Middle Initial) BENJAMIN SILKOWITZ Mailing Address 2249 VERMONT AVE City State Zip Code TOMS RIVER NJ 08755		Transaction ID : SA17A.261284 Date of Receipt M M / D D / Y Y Y Y 01 / 21 / 2016
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer SELF-EMPLOYED	Occupation PLUMBER	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 792.30

B. Full Name (Last, First, Middle Initial) MATTHEW SILVER Mailing Address 1 FRANKLIN TOWN BLVD 611 City State Zip Code PHILADELPHIA PA 19103		Transaction ID : SA17A.288356 Date of Receipt M M / D D / Y Y Y Y 01 / 29 / 2016
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer DRINKER BIDDLE & REATH LLP	Occupation ATTORNEY	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 250.00

C. Full Name (Last, First, Middle Initial) CHAD SIMMONS Mailing Address 10101 WENONGA LAND City State Zip Code LEAWOOD KS 66206		Transaction ID : SA17A.260792 Date of Receipt M M / D D / Y Y Y Y 01 / 20 / 2016
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer SELF-EMPLOYED	Occupation FAMILY OFFICE MANAGER	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 750.00

Subtotal Of Receipts This Page (optional).....▶ 850.00

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)
DONALD J. TRUMP FOR PRESIDENT, INC.

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

Mailing Address 1870 PROSPECT AVENUE

City	State	Zip Code
ORLANDO	FL	32814

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
ACCREDITED SURETY AND CASUALTY	CEO

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.284408

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	9		2	0	1	6

Amount of Each Receipt this Period

<input type="text" value="32.35"/>

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

Mailing Address 9010 TELLURIDE CV

City	State	Zip Code
GERMANTOWN	TN	38138

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
HOMEMAKER	HOMEMAKER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.283919

Date of Receipt

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

Amount of Each Receipt this Period

<input type="text" value="135.28"/>

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

Mailing Address 9010 TELLURIDE CV

City	State	Zip Code
GERMANTOWN	TN	38138

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
HOMEMAKER	HOMEMAKER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.284068

Date of Receipt

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

Amount of Each Receipt this Period

<input type="text" value="135.28"/>

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)
DONALD J. TRUMP FOR PRESIDENT, INC.

A. Full Name (Last, First, Middle Initial) DAROLD STAGNER		Transaction ID : SA17A.285942	
Mailing Address 13901 MACKEY ST MACKEY		Date of Receipt M M / D D / Y Y Y Y 01 / 29 / 2016	
City OVERLAND PARK	State KS	Zip Code 66223	
FEC ID number of contributing federal political committee.		C	
Name of Employer SELF-EMPLOYED	Occupation FINANCIAL ADVISOR		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 560.25	
		Amount of Each Receipt this Period 60.25	

B. Full Name (Last, First, Middle Initial) JON STEFFEN		Transaction ID : SA17A.288308	
Mailing Address 7013 HORTON AVE		Date of Receipt M M / D D / Y Y Y Y 01 / 29 / 2016	
City URBANDALE	State IA	Zip Code 50322	
FEC ID number of contributing federal political committee.		C	
Name of Employer ATHENE	Occupation ACTUARY		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 250.00	
		Amount of Each Receipt this Period 250.00	

C. Full Name (Last, First, Middle Initial) MARY STEIN		Transaction ID : SA17A.285442	
Mailing Address 2929 BUFFALO SPEEDWAY UNIT 901		Date of Receipt M M / D D / Y Y Y Y 01 / 29 / 2016	
City HOUSTON	State TX	Zip Code 77098	
FEC ID number of contributing federal political committee.		C	
Name of Employer RETIRED	Occupation RETIRED		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 462.94	
		Amount of Each Receipt this Period 267.29	

Subtotal Of Receipts This Page (optional).....▶ 577.54

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)
DONALD J. TRUMP FOR PRESIDENT, INC.

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

Mailing Address 19601-K GUNNERS BRANCH ROAD

City State Zip Code
GERMANTOWN MD 20876

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2703.00

Transaction ID : SA17A.262566

Date of Receipt
MM / DD / YYYY
01 / 27 / 2016

Amount of Each Receipt this Period
2700.00

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

Mailing Address 19601-K GUNNERS BRANCH ROAD

City State Zip Code
GERMANTOWN MD 20876

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.262566.0

Date of Receipt
MM / DD / YYYY
01 / 27 / 2016

REDESIGNATED TO GENERAL

Amount of Each Receipt this Period
-3.00

[MEMO ITEM]

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

Mailing Address 19601-K GUNNERS BRANCH ROAD

City State Zip Code
GERMANTOWN MD 20876

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2703.00

Transaction ID : SA17A.262566.1

Date of Receipt
MM / DD / YYYY
01 / 27 / 2016

REDESIGNATED FROM PRIMARY

Amount of Each Receipt this Period
3.00

[MEMO ITEM]

Subtotal Of Receipts This Page (optional).....▶ 2700.00

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)
DONALD J. TRUMP FOR PRESIDENT, INC.

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

Mailing Address 723 CARPENTER ROAD

City	State	Zip Code
ALEXANDRIA	VA	22314

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
SELF-EMPLOYED	PRIVATE CONSULTANT

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.262472

Date of Receipt

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

Amount of Each Receipt this Period

<input type="text" value="25.00"/>

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

Mailing Address 4143 VIA MARINA
516

City	State	Zip Code
MARINA DEL REY	CA	90292

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
PHOENIX ENTERPRISES INTL, INC.	CEO

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.282927

Date of Receipt

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

Amount of Each Receipt this Period

<input type="text" value="35.25"/>

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

Mailing Address 8542 YEAGER DR NE

City	State	Zip Code
ALBUQUERQUE	NM	87109

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 : SA17A.257950

Date of Receipt

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

Amount of Each Receipt this Period

<input type="text" value="50.00"/>

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)

DONALD J. TRUMP FOR PRESIDENT, INC.

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

Mailing Address 6815 ACADEMY ST.
12

City State Zip Code
HOUSTON TX 77025

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

Name of Employer Occupation
BRENT COON & ASSOCIATES LEGAL ASSISTANT

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
255.00

Transaction ID : SA17A.262400

Date of Receipt

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

Amount of Each Receipt this Period

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

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

Mailing Address 8955 ELLIOTT CT

City State Zip Code
ORLANDO FL 32836

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

Name of Employer Occupation
TLS HOLDINGS SELF EMPLOYED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
350.00

Transaction ID : SA17A.260264

Date of Receipt

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

Amount of Each Receipt this Period

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

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

Mailing Address 7227 WHITE BLOOM AVE

City State Zip Code
LAS VEGAS NV 89117

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

Name of Employer Occupation
BACK OFFICE REMEDIES PRESIDENT

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
700.00

Transaction ID : SA17A.261024

Date of Receipt

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

Amount of Each Receipt this Period

7	0	0	.	0	0
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Subtotal Of Receipts This Page (optional).....▶

5	5	0	.	0	0
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Total This Period (last page this line number only).....▶

5	5	0	.	0	0
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**SCHEDULE A-P
ITEMIZED RECEIPTS**

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FOR LINE NUMBER:
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<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)
DONALD J. TRUMP FOR PRESIDENT, INC.

A. Full Name (Last, First, Middle Initial)
STEPHEN ST PETERS

Mailing Address 4860 LEONE DR

City State Zip Code
INDIANAPOLIS IN 46226

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

Name of Employer Occupation
STPETERS REAL ESTATE LLC REAL ESTATE BROKER

Receipt For: 2016
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼
300.00

Transaction ID : SA17A.261190

Date of Receipt
M M / D D / Y Y Y Y
01 / 21 / 2016

Amount of Each Receipt this Period
50.00

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

Mailing Address 6226 RIME VILLAGE DR.
205

City State Zip Code
HUNTSVILLE AL 35806

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SAIC, INC. SOFTWARE ENGINEER

Receipt For: 2016
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼
2433.45

Transaction ID : SA17A.269708

Date of Receipt
M M / D D / Y Y Y Y
01 / 11 / 2016

Amount of Each Receipt this Period
80.88

C. Full Name (Last, First, Middle Initial)
MATTHEW STROBEL

Mailing Address 6226 RIME VILLAGE DR.
205

City State Zip Code
HUNTSVILLE AL 35806

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SAIC, INC. SOFTWARE ENGINEER

Receipt For: 2016
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼
2722.45

Transaction ID : SA17A.261974

Date of Receipt
M M / D D / Y Y Y Y
01 / 23 / 2016

Amount of Each Receipt this Period
289.00

Subtotal Of Receipts This Page (optional).....▶ 419.88

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

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FOR LINE NUMBER:
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<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)
DONALD J. TRUMP FOR PRESIDENT, INC.

A. Full Name (Last, First, Middle Initial)
LANE STUBBLEFIELD

Mailing Address 2001 RAYMOND AVE

City State Zip Code
SIGNAL HILL CA 90755

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
292.86

Transaction ID : SA17A.285641

Date of Receipt
M M / D D / Y Y Y Y
01 / 29 / 2016

Amount of Each Receipt this Period
33.25

B. Full Name (Last, First, Middle Initial)
MICHAEL SUCHAREW

Mailing Address 3020 ALTA VISTA

City State Zip Code
ALAMEDA CA 94502

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
EXXACT CORPORATION SALES ENGINEER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
331.67

Transaction ID : SA17A.261194

Date of Receipt
M M / D D / Y Y Y Y
01 / 21 / 2016

Amount of Each Receipt this Period
50.00

C. Full Name (Last, First, Middle Initial)
RICHARD SUGDEN

Mailing Address P.O. BOX 2468 / 557 E. BROADWAY

City State Zip Code
JACKSON WY 83001

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF-EMPLOYED PHYSICIAN

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17A.261614

Date of Receipt
M M / D D / Y Y Y Y
01 / 22 / 2016

Amount of Each Receipt this Period
1000.00

Subtotal Of Receipts This Page (optional).....▶ 1083.25

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
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<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)
DONALD J. TRUMP FOR PRESIDENT, INC.

A. Full Name (Last, First, Middle Initial)
LINDA SUHLER

Mailing Address **6512 E MONTEROSA**

City **SCOTTSDALE** State **AZ** Zip Code **85251**

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 ▼
250.00

Transaction ID : SA17A.257984

Date of Receipt
M M / D D / Y Y Y Y
01 / 04 / 2016

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
KEVIN SULLIVAN

Mailing Address **3500 W GOVERNMENT WAY UNIT 8**

City **SEATTLE** State **WA** Zip Code **98199**

FEC ID number of contributing federal political committee. **C**

Name of Employer **F5 NETWORKS** Occupation **SOFTWARE ENGINEER**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
313.77

Transaction ID : SA17A.261002

Date of Receipt
M M / D D / Y Y Y Y
01 / 21 / 2016

Amount of Each Receipt this Period
20.00

C. Full Name (Last, First, Middle Initial)
ED SUPERFON

Mailing Address **3296 MANDEVILLE CANYON RD**

City **LOS ANGELES** State **CA** Zip Code **90049**

FEC ID number of contributing federal political committee. **C**

Name of Employer **VIP TOY STORE** Occupation **OWNER**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
208.67

Transaction ID : SA17A.268085

Date of Receipt
M M / D D / Y Y Y Y
01 / 09 / 2016

Amount of Each Receipt this Period
91.29

Subtotal Of Receipts This Page (optional)..... **361.29**

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
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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)
DONALD J. TRUMP FOR PRESIDENT, INC.

A. Full Name (Last, First, Middle Initial)
ED SUPERFON

Mailing Address 3296 MANDEVILLE CANYON RD

City State Zip Code
LOS ANGELES CA 90049

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
VIP TOY STORE OWNER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
294.14

Transaction ID : SA17A.280892

Date of Receipt
M M / D D / Y Y Y Y
01 / 26 / 2016

Amount of Each Receipt this Period
85.47

B. Full Name (Last, First, Middle Initial)
KATARIINA SUTPHIN

Mailing Address 1401 ALAMEDA DRIVE

City State Zip Code
ONTARIO OR 97914

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF-EMPLOYED RANCHER/FLIGHT INSTRUCTOR

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.258963

Date of Receipt
M M / D D / Y Y Y Y
01 / 10 / 2016

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
JANET SWEARINGEN

Mailing Address 111 FISCHER BLVD.

City State Zip Code
TOMS RIVER NJ 08753

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
450.00

Transaction ID : SA17A.257460

Date of Receipt
M M / D D / Y Y Y Y
01 / 02 / 2016

Amount of Each Receipt this Period
100.00

Subtotal Of Receipts This Page (optional).....▶ 685.47

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 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)
DONALD J. TRUMP FOR PRESIDENT, INC.

A. Full Name (Last, First, Middle Initial)
BRETT SYBERG

Mailing Address 10611 EAST WATSON

City State Zip Code
ST. LOUIS MO 63127

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SYBERG CORPORATION CHEF/BUSINESS OWNER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.288100

Date of Receipt

M M / D D / Y Y Y Y
01 / 28 / 2016

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)
DINO TAMAYO

Mailing Address 601 3RD AVENUE

City State Zip Code
E NPT NY 11731

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
780.00

Transaction ID : SA17A.257779

Date of Receipt

M M / D D / Y Y Y Y
01 / 04 / 2016

Amount of Each Receipt this Period

30.00

C. Full Name (Last, First, Middle Initial)
DINO TAMAYO

Mailing Address 601 3RD AVENUE

City State Zip Code
E NPT NY 11731

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
870.00

Transaction ID : SA17A.261391

Date of Receipt

M M / D D / Y Y Y Y
01 / 21 / 2016

Amount of Each Receipt this Period

90.00

Subtotal Of Receipts This Page (optional).....▶ 370.00

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)
DONALD J. TRUMP FOR PRESIDENT, INC.

A. Full Name (Last, First, Middle Initial)
ROBERT TAYLOR

Mailing Address 15555 MAIN ST
D4532

City State Zip Code
HESPERIA CA 92345

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
PRIVATE OCCUPATION

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
243.24

Transaction ID : SA17A.272728

Date of Receipt
M M / D D / Y Y Y Y
01 / 15 / 2016

Amount of Each Receipt this Period
243.24

B. Full Name (Last, First, Middle Initial)
PHILLIP TEDDER

Mailing Address 409 TEDDER ST

City State Zip Code
HARTSVILLE SC 29550

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SONOCO MACHINE OPERATOR

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
302.23

Transaction ID : SA17A.258585

Date of Receipt
M M / D D / Y Y Y Y
01 / 08 / 2016

Amount of Each Receipt this Period
10.00

C. Full Name (Last, First, Middle Initial)
PHILLIP TEDDER

Mailing Address 409 TEDDER ST

City State Zip Code
HARTSVILLE SC 29550

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SONOCO MACHINE OPERATOR

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
312.23

Transaction ID : SA17A.259425

Date of Receipt
M M / D D / Y Y Y Y
01 / 13 / 2016

Amount of Each Receipt this Period
10.00

Subtotal Of Receipts This Page (optional).....▶ 263.24

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
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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)
DONALD J. TRUMP FOR PRESIDENT, INC.

A. Full Name (Last, First, Middle Initial)
JASPER THAYER

Mailing Address PO BOX 1009

City State Zip Code
MILTON NH 03851

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
554.68

Transaction ID : SA17A.280877

Date of Receipt
M M / D D / Y Y Y Y
01 / 26 / 2016

Amount of Each Receipt this Period
554.68

B. Full Name (Last, First, Middle Initial)
PAMELA THERIOT

Mailing Address 1901 CEDAR STREET

City State Zip Code
MORGAN CITY LA 70380

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
GULF COAST CONTRACTORS EMPLOYMENT CONSULTANT

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
262.28

Transaction ID : SA17A.261018

Date of Receipt
M M / D D / Y Y Y Y
01 / 21 / 2016

Amount of Each Receipt this Period
25.00

C. Full Name (Last, First, Middle Initial)
JUDITH THOMAS

Mailing Address 309 SUNSET AVE

City State Zip Code
CORPUS CHRISTI TX 78404

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
353.86

Transaction ID : SA17A.281448

Date of Receipt
M M / D D / Y Y Y Y
01 / 27 / 2016

Amount of Each Receipt this Period
150.94

Subtotal Of Receipts This Page (optional).....▶ 730.62

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)
DONALD J. TRUMP FOR PRESIDENT, INC.

A. Full Name (Last, First, Middle Initial)
CRISTAL THORNTON

Mailing Address 109 MCCANN DRIVE

City State Zip Code
BISMARCK AR 71929

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
330.95

Transaction ID : SA17A.261209

Date of Receipt

M M / D D / Y Y Y Y
01 / 21 / 2016

Amount of Each Receipt this Period

25.00

B. Full Name (Last, First, Middle Initial)
TED THRASH

Mailing Address 11252 COUNTY ROAD

City State Zip Code
PLANTERSVILLE AL 36758

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
BAPTIST HOSPITAL NURSE

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
222.39

Transaction ID : SA17A.275870

Date of Receipt

M M / D D / Y Y Y Y
01 / 19 / 2016

Amount of Each Receipt this Period

135.77

C. Full Name (Last, First, Middle Initial)
COURTNEY THROCKMORTON

Mailing Address 591 SOMERSET STREET

City State Zip Code
SOMERSET NJ 08873

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SOMERSET TRANSMISSION TECHNICIAN

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
315.99

Transaction ID : SA17A.268538

Date of Receipt

M M / D D / Y Y Y Y
01 / 10 / 2016

Amount of Each Receipt this Period

315.99

Subtotal Of Receipts This Page (optional).....▶ 476.76

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)
DONALD J. TRUMP FOR PRESIDENT, INC.

A. Full Name (Last, First, Middle Initial)
MR. CLINT URSO

Mailing Address **2029 CENTURY PARK EAST
SUITE 400**

City **LOS ANGELES** State **CA** Zip Code **90067**

FEC ID number of contributing federal political committee. **C**

Name of Employer **SELF-EMPLOYED** Occupation **INVESTMENT ADVISOR**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.259185.0

Date of Receipt
M M / D D / Y Y Y Y
01 / 10 / 2016

REDESIGNATED TO GENERAL

Amount of Each Receipt this Period
-157.61

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
MR. CLINT URSO

Mailing Address **2029 CENTURY PARK EAST
SUITE 400**

City **LOS ANGELES** State **CA** Zip Code **90067**

FEC ID number of contributing federal political committee. **C**

Name of Employer **SELF-EMPLOYED** Occupation **INVESTMENT ADVISOR**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2857.61

Transaction ID : SA17A.259185.1

Date of Receipt
M M / D D / Y Y Y Y
01 / 10 / 2016

REDESIGNATED FROM PRIMARY

Amount of Each Receipt this Period
157.61

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
MARK VANCLEAVE

Mailing Address **1300 ROLLINGBROOK DRIVE
SUITE 410**

City **BAYTOWN** State **TX** Zip Code **77521**

FEC ID number of contributing federal political committee. **C**

Name of Employer **LAW OFFICES OF MARK VANCLEAVE** Occupation **ATTORNEY**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
256.77

Transaction ID : SA17A.274713

Date of Receipt
M M / D D / Y Y Y Y
01 / 18 / 2016

Amount of Each Receipt this Period
32.62

Subtotal Of Receipts This Page (optional)..... **32.62**

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)
DONALD J. TRUMP FOR PRESIDENT, INC.

A. Full Name (Last, First, Middle Initial)
W.C. VAUGHN

Mailing Address 1639 PANORAMA LANE

City State Zip Code
BIRMINGHAM AL 35216

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
441.85

Transaction ID : SA17A.276466

Date of Receipt
M M / D D / Y Y Y Y
01 / 20 / 2016

Amount of Each Receipt this Period
37.62

B. Full Name (Last, First, Middle Initial)
CHRIS VELLINE

Mailing Address 1109 FELBAR AVENUE

City State Zip Code
TORRANCE CA 90503

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
235.74

Transaction ID : SA17A.262669

Date of Receipt
M M / D D / Y Y Y Y
01 / 27 / 2016

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
VICTORIA VERNON

Mailing Address 3896 RIVERSIDE DRIVE
APT 3897

City State Zip Code
MACON GA 31210

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SER PHYSICIAN

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
431.15

Transaction ID : SA17A.278949

Date of Receipt
M M / D D / Y Y Y Y
01 / 23 / 2016

Amount of Each Receipt this Period
78.80

Subtotal Of Receipts This Page (optional).....▶ 216.42

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)
DONALD J. TRUMP FOR PRESIDENT, INC.

A. Full Name (Last, First, Middle Initial)
THOMAS VOGT

Mailing Address 2518 RADCLIFFE

City State Zip Code
SUGAR LAND TX 77498

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
VOGT A/C SELF EMPLOYED BUSINESS OWNER

Receipt For: 2016
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼
350.00

Transaction ID : SA17A.262423

Date of Receipt
M M / D D / Y Y Y Y
01 / 26 / 2016

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
AARON VOIGT

Mailing Address 1210 35TH AVE NORTH

City State Zip Code
ST CLOUD MN 56303

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF-EMPLOYED LOGISTICS SALES

Receipt For: 2016
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼
401.42

Transaction ID : SA17A.284016

Date of Receipt
M M / D D / Y Y Y Y
01 / 28 / 2016

Amount of Each Receipt this Period
205.80

C. Full Name (Last, First, Middle Initial)
KATHY VONDERHAAR

Mailing Address 5202 FLOYD ST
UNIT B

City State Zip Code
HOUSTON TX 77007

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼
1618.89

Transaction ID : SA17A.257481

Date of Receipt
M M / D D / Y Y Y Y
01 / 02 / 2016

Amount of Each Receipt this Period
400.00

Subtotal Of Receipts This Page (optional).....▶ 705.80

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
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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)
DONALD J. TRUMP FOR PRESIDENT, INC.

A. Full Name (Last, First, Middle Initial) JUSTIN WALKER		Transaction ID : SA17A.259472	
Mailing Address 3281 LOMA ALTA DRIVE		Date of Receipt M M / D D / Y Y Y Y 01 / 13 / 2016	
City SANTA CLARA	State CA	Zip Code 95051	
FEC ID number of contributing federal political committee.		C	
Name of Employer ALTERA CORPORATION	Occupation ATTORNEY		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 241.46		
		Amount of Each Receipt this Period 50.00	

B. Full Name (Last, First, Middle Initial) ROD WALLACE		Transaction ID : SA17A.259733	
Mailing Address PO BOX 263		Date of Receipt M M / D D / Y Y Y Y 01 / 15 / 2016	
City HARRISBURG	State IL	Zip Code 62946	
FEC ID number of contributing federal political committee.		C	
Name of Employer WALLACE AUTO	Occupation PRESIDENT		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 600.00		
		Amount of Each Receipt this Period 200.00	

C. Full Name (Last, First, Middle Initial) JINGLIANG WANG		Transaction ID : SA17A.288657	
Mailing Address 10217 PEEKSTON DRIVE		Date of Receipt M M / D D / Y Y Y Y 01 / 30 / 2016	
City AUSTIN	State TX	Zip Code 78726	
FEC ID number of contributing federal political committee.		C	
Name of Employer BROADCOM	Occupation ENGINEER		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00		
		Amount of Each Receipt this Period 250.00	

Subtotal Of Receipts This Page (optional).....▶ 500.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
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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)
DONALD J. TRUMP FOR PRESIDENT, INC.

A. Full Name (Last, First, Middle Initial)
BERT WARD

Mailing Address **2834 S FAIRWAY DR**

City State Zip Code
BURLINGTON NC 27215

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
BLACK DIAMOND REAL ESTATE REAL ESTATE

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
400.00

Transaction ID : SA17A.262653

Date of Receipt
M M / D D / Y Y Y Y
01 27 2016

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
PATRICIA WARREN

Mailing Address **310 ANOLANI ST**

City State Zip Code
HONOLULU HI 96821

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF-EMPLOYED ENTERTAINMENT

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
204.51

Transaction ID : SA17A.274487

Date of Receipt
M M / D D / Y Y Y Y
01 18 2016

Amount of Each Receipt this Period
27.35

C. Full Name (Last, First, Middle Initial)
SANDRA WARREN

Mailing Address **2405 FILLMORE DR**

City State Zip Code
MARIANNA FL 32448

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
209.21

Transaction ID : SA17A.263685

Date of Receipt
M M / D D / Y Y Y Y
01 02 2016

Amount of Each Receipt this Period
139.68

Subtotal Of Receipts This Page (optional).....▶ **267.03**

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
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<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)
DONALD J. TRUMP FOR PRESIDENT, INC.

A. Full Name (Last, First, Middle Initial)
JOHN WEBER

Mailing Address 3915 MCFARLIN BLVD

City State Zip Code
DALLAS TX 75205

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
WEBER & COMPANY REAL ESTATE DEVELOPER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.260039

Date of Receipt

M M / D D / Y Y Y Y
01 / 16 / 2016

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)
CARRIE WELBORN

Mailing Address 664 E RIVERCHASE WAY

City State Zip Code
EAGLE ID 83616

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.261712

Date of Receipt

M M / D D / Y Y Y Y
01 / 22 / 2016

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)
JD WELLS

Mailing Address PO BOX 803026

City State Zip Code
SANTA CLARITA CA 91380

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
DOLE FOOD CO PILOT

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.259344

Date of Receipt

M M / D D / Y Y Y Y
01 / 12 / 2016

Amount of Each Receipt this Period

150.00

Subtotal Of Receipts This Page (optional).....▶ 650.00

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)
DONALD J. TRUMP FOR PRESIDENT, INC.

A. Full Name (Last, First, Middle Initial)
DENNIS WHITE

Mailing Address **2865 LENOX RD NE
607**

City **ATLANTA** State **GA** Zip Code **30324**

FEC ID number of contributing federal political committee. **C**

Name of Employer **ALLIANT HEALTH SOLUTIONS** Occupation **CEO**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
300.00

Transaction ID : SA17A.255970

Date of Receipt
M M / D D / Y Y Y Y
01 / 11 / 2016

Amount of Each Receipt this Period
50.00

B. Full Name (Last, First, Middle Initial)
JOE WHITE

Mailing Address **PO BOX 697**

City **CORBIN** State **KY** Zip Code **40702**

FEC ID number of contributing federal political committee. **C**

Name of Employer **SMITH-WHITE AND ASSOCIATES, PSC** Occupation **INCOME TAX PROFESSIONAL, ENROLLED AGEN**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.258016

Date of Receipt
M M / D D / Y Y Y Y
01 / 05 / 2016

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
PAUL WHITE

Mailing Address **412 HILLCREST RD**

City **HARTSVILLE** State **SC** Zip Code **29550**

FEC ID number of contributing federal political committee. **C**

Name of Employer **GARDNER FARMS LLC** Occupation **TRANSPORTATION**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.261457

Date of Receipt
M M / D D / Y Y Y Y
01 / 21 / 2016

Amount of Each Receipt this Period
250.00

Subtotal Of Receipts This Page (optional)..... **550.00**

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)
DONALD J. TRUMP FOR PRESIDENT, INC.

A. Full Name (Last, First, Middle Initial)
ROBERT WHITE

Mailing Address 455 MYSEN DR

City State Zip Code
CORDOVA TN 38018

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
450.15

Transaction ID : SA17A.274172

Date of Receipt
M M / D D / Y Y Y Y
01 / 17 / 2016

Amount of Each Receipt this Period
96.73

B. Full Name (Last, First, Middle Initial)
BRANDON WILEY

Mailing Address 520 N. KINGSBURY
2306

City State Zip Code
CHICAGO IL 60654

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
LSM MEDIA LLC PRESIDENT /OWNER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.288784

Date of Receipt
M M / D D / Y Y Y Y
01 / 31 / 2016

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
JAMES WILLEY

Mailing Address 11700 W CHARLESTON BLVD
17088

City State Zip Code
LAS VEGAS NV 89135

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF-EMPLOYED ENGINEER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.261528

Date of Receipt
M M / D D / Y Y Y Y
01 / 21 / 2016

Amount of Each Receipt this Period
500.00

Subtotal Of Receipts This Page (optional).....▶ 846.73

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)
DONALD J. TRUMP FOR PRESIDENT, INC.

A. Full Name (Last, First, Middle Initial)
VICTOR WILLIAMS

Mailing Address 5209 BALTIMORE AVE

City State Zip Code
BETHESDA MD 20816

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
CATHOLIC UNIVERSITY LAW SCHOOL LAW PROFESSOR

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
3050.00

Transaction ID : SA17A.288325.1

Date of Receipt
M M / D D / Y Y Y Y
01 / 29 / 2016

REDESIGNATED FROM PRIMARY

Amount of Each Receipt this Period
350.00

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
VICTOR WILLIAMS

Mailing Address 5209 BALTIMORE AVE

City State Zip Code
BETHESDA MD 20816

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
CATHOLIC UNIVERSITY LAW SCHOOL LAW PROFESSOR

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
3175.00

Transaction ID : SA17A.288752

Date of Receipt
M M / D D / Y Y Y Y
01 / 31 / 2016

Amount of Each Receipt this Period
125.00

C. Full Name (Last, First, Middle Initial)
BOB WILSON

Mailing Address 62 LOWER MAIN ST

City State Zip Code
MATAWAN NJ 07747

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
WEATHERVANE SERVICE INC OWNER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
284.25

Transaction ID : SA17A.274741

Date of Receipt
M M / D D / Y Y Y Y
01 / 18 / 2016

Amount of Each Receipt this Period
176.28

Subtotal Of Receipts This Page (optional).....▶ 301.28

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)
DONALD J. TRUMP FOR PRESIDENT, INC.

A. Full Name (Last, First, Middle Initial)
JASON WIRTZ

Mailing Address 2625 WHITNEY PLACE

City State Zip Code
FORT GRATIOT MI 48059

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
WIRTZ MFG MANUFACTURE

Receipt For: 2016
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼
252.48

Transaction ID : SA17A.269815

Date of Receipt
M M / D D / Y Y Y Y
01 / 12 / 2016

Amount of Each Receipt this Period
27.23

B. Full Name (Last, First, Middle Initial)
THOMAS WITTMER

Mailing Address 1217 SE COUNTY ROAD 219-A

City State Zip Code
HAWTHORNE FL 32640

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼
240.38

Transaction ID : SA17A.260037

Date of Receipt
M M / D D / Y Y Y Y
01 / 16 / 2016

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
EDWARD J WNOROWSKI

Mailing Address 11307 RIVER KNOLL DR.

City State Zip Code
JACKSONVILLE FL 32225

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼
559.95

Transaction ID : SA17A.261219

Date of Receipt
M M / D D / Y Y Y Y
01 / 21 / 2016

Amount of Each Receipt this Period
25.00

Subtotal Of Receipts This Page (optional).....▶ 152.23

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)
DONALD J. TRUMP FOR PRESIDENT, INC.

A. Full Name (Last, First, Middle Initial)
DAVID WOLMAN

Mailing Address 7891 MANDARIN DR

City BOCA RATON State FL Zip Code 33433

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
KINGS PHARMACY PHARMACIST

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
268.25

Transaction ID : SA17A.285178

Date of Receipt
MM / DD / YYYY
01 / 29 / 2016

Amount of Each Receipt this Period
85.38

B. Full Name (Last, First, Middle Initial)
ALLAN WOLPOWITZ

Mailing Address 413 WILD HORSE CIRCLE

City BOULDER State CO Zip Code 80304

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5500.00

Transaction ID : SA17A.262226

Date of Receipt
MM / DD / YYYY
01 / 23 / 2016

Amount of Each Receipt this Period
5400.00

C. Full Name (Last, First, Middle Initial)
ALLAN WOLPOWITZ

Mailing Address 413 WILD HORSE CIRCLE

City BOULDER State CO Zip Code 80304

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2800.00

Transaction ID : SA17A.262226.0

Date of Receipt
MM / DD / YYYY
01 / 23 / 2016

REATTRIBUTED TO TERI WOLPOWITZ

Amount of Each Receipt this Period
-2700.00

[MEMO ITEM]

Subtotal Of Receipts This Page (optional)..... 5485.38

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)
DONALD J. TRUMP FOR PRESIDENT, INC.

A. Full Name (Last, First, Middle Initial)
TERI WOLPOWITZ

Mailing Address 413 WILD HORSE CIRCLE

City	State	Zip Code
BOULDER	CO	80304

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 2700.00

Transaction ID : SA17A.262226.1

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	3	/	2	0	1	6

REATTRIBUTED FROM ALLAN WOLPOWITZ

Amount of Each Receipt this Period
 _____ 2700.00

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
ALLAN WOLPOWITZ

Mailing Address 413 WILD HORSE CIRCLE

City	State	Zip Code
BOULDER	CO	80304

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 2700.00

Transaction ID : SA17A.262226.2

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	3	/	2	0	1	6

REDESIGNATED TO GENERAL

Amount of Each Receipt this Period
 _____ -100.00

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
ALLAN WOLPOWITZ

Mailing Address 413 WILD HORSE CIRCLE

City	State	Zip Code
BOULDER	CO	80304

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 2800.00

Transaction ID : SA17A.262226.3

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	3	/	2	0	1	6

REDESIGNATED FROM PRIMARY

Amount of Each Receipt this Period
 _____ 100.00

[MEMO ITEM]

Subtotal Of Receipts This Page (optional).....▶ _____ 0.00

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)
DONALD J. TRUMP FOR PRESIDENT, INC.

A. Full Name (Last, First, Middle Initial)
JOHN WOODBURY

Mailing Address 4091 MALLORY LANE-SUITE 128

City State Zip Code
FRANKLIN TN 37067

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
COPY SOLUTIONS INC PRESIDENT

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
277.29

Transaction ID : SA17A.271984

Date of Receipt
M M / D D / Y Y Y Y
01 / 15 / 2016

Amount of Each Receipt this Period
60.98

B. Full Name (Last, First, Middle Initial)
JOHN WOODS

Mailing Address PO BOX 10

City State Zip Code
AMHERST NH 03031

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
IDEAL CONSTRUCTION LLC PRESIDENT

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
360.66

Transaction ID : SA17A.285395

Date of Receipt
M M / D D / Y Y Y Y
01 / 29 / 2016

Amount of Each Receipt this Period
110.66

C. Full Name (Last, First, Middle Initial)
RUSYL WOOLEY

Mailing Address 12219 EXCALIBUR AVE

City State Zip Code
BATON ROUGE LA 70816

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
FORD, BACON & DAVIS ENGINEER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.287942

Date of Receipt
M M / D D / Y Y Y Y
01 / 28 / 2016

Amount of Each Receipt this Period
250.00

Subtotal Of Receipts This Page (optional).....▶ 421.64

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)
DONALD J. TRUMP FOR PRESIDENT, INC.

A. Full Name (Last, First, Middle Initial)
TINA WOOLSTON

Mailing Address 9330 GEORGETOWN PIKE
0

City State Zip Code
GREAT FALLS VA 22066

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
626.01

Transaction ID : SA17A.277491

Date of Receipt
M M / D D / Y Y Y Y
01 / 21 / 2016

Amount of Each Receipt this Period
450.81

B. Full Name (Last, First, Middle Initial)
GAIL WORTH

Mailing Address 5900 E STATE ROUTE 150

City State Zip Code
GRANDVIEW MO 64030

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
GAIL'S HARLEY-DAVIDSON BUSINESS OWNER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17A.258337

Date of Receipt
M M / D D / Y Y Y Y
01 / 06 / 2016

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
ANDY WROBLEWSKI

Mailing Address 10319 POUND RD.

City State Zip Code
COLUMBUS TOWNSHIP MI 48063

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
242.61

Transaction ID : SA17A.283472

Date of Receipt
M M / D D / Y Y Y Y
01 / 28 / 2016

Amount of Each Receipt this Period
42.61

Subtotal Of Receipts This Page (optional).....▶ 1493.42

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)
DONALD J. TRUMP FOR PRESIDENT, INC.

A. Full Name (Last, First, Middle Initial)
SHERRY ZAPF

Mailing Address 6335 MT. AINSWORTH CT.

City	State	Zip Code
SAN DIEGO	CA	92111

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 278.36

Transaction ID : SA17A.266082

Date of Receipt

M M / D D / Y Y Y Y
01 / 06 / 2016

Amount of Each Receipt this Period

_____ 79.12

B. Full Name (Last, First, Middle Initial)
SHERRY ZAPF

Mailing Address 6335 MT. AINSWORTH CT.

City	State	Zip Code
SAN DIEGO	CA	92111

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 361.38

Transaction ID : SA17A.287869

Date of Receipt

M M / D D / Y Y Y Y
01 / 31 / 2016

Amount of Each Receipt this Period

_____ 83.02

C. Full Name (Last, First, Middle Initial)
ERIC ZARAHN

Mailing Address 801 S WINCHESTER BLVD
#1109

City	State	Zip Code
SAN JOSE	CA	95128

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 456.63

Transaction ID : SA17A.262429

Date of Receipt

M M / D D / Y Y Y Y
01 / 26 / 2016

Amount of Each Receipt this Period

_____ 10.00

Subtotal Of Receipts This Page (optional).....▶ _____ 172.14

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 checked="" 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)
DONALD J. TRUMP FOR PRESIDENT, INC.

A. Full Name (Last, First, Middle Initial)
DONALD J. TRUMP

Mailing Address 725 FIFTH AVENUE

City State Zip Code
NEW YORK NY 10022

FEC ID number of contributing federal political committee. **C** P80001571

Name of Employer Occupation
THE TRUMP ORGANIZATION PRESIDENT/CEO

Receipt For: 2016
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼
12861872.54

Transaction ID : SA17D.255776

Date of Receipt
M M / D D / Y Y Y Y
01 / 14 / 2016

IN-KIND: PRE-PAID PAYROLL (SEE 23B FOR MEMOS)

Amount of Each Receipt this Period
2693.63

B. Full Name (Last, First, Middle Initial)
DONALD J. TRUMP

Mailing Address 725 FIFTH AVENUE

City State Zip Code
NEW YORK NY 10022

FEC ID number of contributing federal political committee. **C** P80001571

Name of Employer Occupation
THE TRUMP ORGANIZATION PRESIDENT/CEO

Receipt For: 2016
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼
14864565.26

Transaction ID : SA17D.255777

Date of Receipt
M M / D D / Y Y Y Y
01 / 21 / 2016

IN-KIND: PRE-PAID PAYROLL (SEE 23B FOR MEMOS)

Amount of Each Receipt this Period
2692.72

C. Full Name (Last, First, Middle Initial)
DONALD J. TRUMP

Mailing Address 725 FIFTH AVENUE

City State Zip Code
NEW YORK NY 10022

FEC ID number of contributing federal political committee. **C** P80001571

Name of Employer Occupation
THE TRUMP ORGANIZATION PRESIDENT/CEO

Receipt For: 2016
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼
14867937.04

Transaction ID : SA17D.255774

Date of Receipt
M M / D D / Y Y Y Y
01 / 23 / 2016

IN-KIND: PRE-PAID PAYROLL (SEE 23B FOR MEMOS)

Amount of Each Receipt this Period
3371.78

Subtotal Of Receipts This Page (optional).....▶ 8758.13

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 checked="" 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)
DONALD J. TRUMP FOR PRESIDENT, INC.

A. Full Name (Last, First, Middle Initial)
DONALD J. TRUMP

Mailing Address **725 FIFTH AVENUE**

City State Zip Code
NEW YORK NY 10022

FEC ID number of contributing federal political committee. **C P80001571**

Name of Employer Occupation
THE TRUMP ORGANIZATION PRESIDENT/CEO

Receipt For: 2016
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼
17784377.37

Transaction ID : SA17D.255778

Date of Receipt
M M / D D / Y Y Y Y
01 28 2016

IN-KIND: PRE-PAID PAYROLL (SEE 23B FOR MEMOS)

Amount of Each Receipt this Period
2679.33

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

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

Subtotal Of Receipts This Page (optional).....▶ **2679.33**

Total This Period (last page this line number only).....▶ **31751.95**

**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 checked="" 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)
DONALD J. TRUMP FOR PRESIDENT, INC.

A. Full Name (Last, First, Middle Initial)
DONALD J. TRUMP

Mailing Address 725 FIFTH AVENUE

City State Zip Code
NEW YORK NY 10022

FEC ID number of contributing federal political committee. **C** P80001571

Name of Employer Occupation
THE TRUMP ORGANIZATION PRESIDENT/CEO

Receipt For: 2016
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼
14861872.54

Transaction ID : SA19A.255771

Date of Receipt
M M / D D / Y Y Y Y
01 / 20 / 2016

CANDIDATE LOAN

Amount of Each Receipt this Period
2000000.00

B. Full Name (Last, First, Middle Initial)
DONALD J. TRUMP

Mailing Address 725 FIFTH AVENUE

City State Zip Code
NEW YORK NY 10022

FEC ID number of contributing federal political committee. **C** P80001571

Name of Employer Occupation
THE TRUMP ORGANIZATION PRESIDENT/CEO

Receipt For: 2016
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼
17781698.04

Transaction ID : SA19A.255772

Date of Receipt
M M / D D / Y Y Y Y
01 / 28 / 2016

CANDIDATE LOAN

Amount of Each Receipt this Period
2913761.00

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

Subtotal Of Receipts This Page (optional).....▶ 4913761.00

Total This Period (last page this line number only).....▶ 4913761.00

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
DONALD J. TRUMP FOR PRESIDENT, INC.

A. Full Name (Last, First, Middle Initial)
STRIPE

Mailing Address 3180 18TH STREET

City State Zip Code
SAN FRANCISCO CA 94110

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
511.05

Transaction ID : SA20A.288857

Date of Receipt

M M / D D / Y Y Y Y
01 / 19 / 2016

REFUND: MERCHANT FEES

Amount of Each Receipt this Period

60.00

B. Full Name (Last, First, Middle Initial)
STRIPE

Mailing Address 3180 18TH STREET

City State Zip Code
SAN FRANCISCO CA 94110

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
826.35

Transaction ID : SA20A.288858

Date of Receipt

M M / D D / Y Y Y Y
01 / 25 / 2016

REFUND: MERCHANT FEES

Amount of Each Receipt this Period

315.30

C. Full Name (Last, First, Middle Initial)
USSS

Mailing Address 950 H ST. NW, SUITE 6300

City State Zip Code
WASHINGTON DC 20223

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
234206.26

Transaction ID : SA20A.288855

Date of Receipt

M M / D D / Y Y Y Y
01 / 06 / 2016

Amount of Each Receipt this Period

234206.26

Subtotal Of Receipts This Page (optional).....▶ 234581.56

Total This Period (last page this line number only).....▶ 234581.56

**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)
DONALD J. TRUMP FOR PRESIDENT, INC.

Full Name (Last, First, Middle Initial) A. 7301 PARTNERS, LLC		Date of Disbursement MM / DD / YYYY 01 / 07 / 2016
Mailing Address 7301 N. BROADWAY		Transaction ID : SB23.289463
City OKLAHOMA CITY	State OK	
Purpose of Disbursement RENT AND UTILITIES	Candidate Name	Amount of Each Disbursement this Period 1450.00
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. ABC PROPERTY MANAGEMENT		Date of Disbursement MM / DD / YYYY 01 / 05 / 2016
Mailing Address 1550 NORTH OAK STREET		Transaction ID : SB23.289464
City MYRTLE BEACH	State SC	
Purpose of Disbursement RENT AND UTILITIES	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. ACCURATE APPEND COM		Date of Disbursement MM / DD / YYYY 12 / 09 / 2015
Mailing Address 1511 3RD AVE STE 621		Transaction ID : SB23.289832
City SEATTLE	State WA	
Purpose of Disbursement LIST RENTAL [AMEX: SB23.288951]	Candidate Name	Amount of Each Disbursement this Period 7000.00
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)..... 2450.00

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)
DONALD J. TRUMP FOR PRESIDENT, INC.

Full Name (Last, First, Middle Initial) A. ACE SPECIALTIES, LLC		Date of Disbursement MM / DD / YYYY 01 / 04 / 2016
Mailing Address PO BOX 80427		Transaction ID : SB23.288939
City LAFAYETTE State LA Zip Code 70598	Amount of Each Disbursement this Period 125233.73	
Purpose of Disbursement COLLATERAL: TSHIRTS/MUGS/STICKERS/FREIGHT	Candidate Name	Category/ Type
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. ACE SPECIALTIES, LLC		Date of Disbursement MM / DD / YYYY 01 / 06 / 2016
Mailing Address PO BOX 80427		Transaction ID : SB23.288938
City LAFAYETTE State LA Zip Code 70598	Amount of Each Disbursement this Period 107014.09	
Purpose of Disbursement COLLATERAL: TSHIRTS/MUGS/STICKERS/FREIGHT	Candidate Name	Category/ Type
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. ACE SPECIALTIES, LLC		Date of Disbursement MM / DD / YYYY 01 / 13 / 2016
Mailing Address PO BOX 80427		Transaction ID : SB23.288940
City LAFAYETTE State LA Zip Code 70598	Amount of Each Disbursement this Period 154829.57	
Purpose of Disbursement COLLATERAL: TSHIRTS/MUGS/STICKERS/FREIGHT	Candidate Name	Category/ Type
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)..... 387077.39

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)
DONALD J. TRUMP FOR PRESIDENT, INC.

Full Name (Last, First, Middle Initial) A. ACE SPECIALTIES, LLC		Date of Disbursement MM / DD / YYYY 01 / 21 / 2016
Mailing Address PO BOX 80427		Transaction ID : SB23.288941
City LAFAYETTE State LA Zip Code 70598	Amount of Each Disbursement this Period 215646.12	
Purpose of Disbursement COLLATERAL: TSHIRTS/MUGS/STICKERS/FREIGHT	Candidate Name	Category/ Type
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. ACE SPECIALTIES, LLC		Date of Disbursement MM / DD / YYYY 01 / 30 / 2016
Mailing Address PO BOX 80427		Transaction ID : SB23.288937
City LAFAYETTE State LA Zip Code 70598	Amount of Each Disbursement this Period 105197.44	
Purpose of Disbursement COLLATERAL: TSHIRTS/MUGS/STICKERS/FREIGHT	Candidate Name	Category/ Type
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. ASHTON ADAMS		Date of Disbursement MM / DD / YYYY 01 / 14 / 2016
Mailing Address 725 5TH AVENUE		Transaction ID : SB23.289251
City NEW YORK State NY Zip Code 10022	Amount of Each Disbursement this Period 2250.00	
Purpose of Disbursement PAYROLL	Candidate Name	Category/ Type
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)..... 323093.56

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)
DONALD J. TRUMP FOR PRESIDENT, INC.

Full Name (Last, First, Middle Initial) A. ASHTON ADAMS		Date of Disbursement MM / DD / YYYY 01 / 29 / 2016
Mailing Address 725 5TH AVENUE		Transaction ID : SB23.289326
City NEW YORK	State NY	
Zip Code 10022	Purpose of Disbursement PAYROLL	Amount of Each Disbursement this Period 2250.00
Candidate Name	Category/Type	
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. AIRBNB		Date of Disbursement MM / DD / YYYY 12 / 23 / 2015
Mailing Address 888 BRANNAN ST STE 400		Transaction ID : SB23.289810
City SAN FRANCISCO	State CA	
Zip Code 94103	Purpose of Disbursement TRAVEL: LODGING [AMEX: SB23.288951]	Amount of Each Disbursement this Period 1086.00
Candidate Name	Category/Type	[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. ALAN COBB & ASSOCIATES		Date of Disbursement MM / DD / YYYY 01 / 12 / 2016
Mailing Address 3429 SW STONYBROOK		Transaction ID : SB23.288909
City TOPEKA	State KS	
Zip Code 66614	Purpose of Disbursement BALLOT ACCESS CONSULTING	Amount of Each Disbursement this Period 19336.74
Candidate Name	Category/Type	
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)..... 21586.74

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)
DONALD J. TRUMP FOR PRESIDENT, INC.

Full Name (Last, First, Middle Initial) A. ALAN COBB & ASSOCIATES		Date of Disbursement MM / DD / YYYY 01 / 30 / 2016
Mailing Address 3429 SW STONYBROOK		Transaction ID : SB23.288908
City TOPEKA State KS Zip Code 66614	Amount of Each Disbursement this Period 10000.00	
Purpose of Disbursement BALLOT ACCESS CONSULTING	Candidate Name	Category/ Type
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. ALL CONVENTION & EXPO SERVICES		Date of Disbursement MM / DD / YYYY 01 / 31 / 2016
Mailing Address PO BOX 51116		Transaction ID : SB23.288958
City KNOXVILLE State TN Zip Code 37950	Amount of Each Disbursement this Period 819.38	
Purpose of Disbursement EQUIPMENT RENTAL	Candidate Name	Category/ Type
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. ALL WAYS STUCK ON YOU SIGNS & GRAPHICS		Date of Disbursement MM / DD / YYYY 01 / 20 / 2016
Mailing Address 2876 UNIT B HOWARD AVE. MARKET COMMON		Transaction ID : SB23.289448
City MYRTLE BEACH State SC Zip Code 29577	Amount of Each Disbursement this Period 594.00	
Purpose of Disbursement PRINTING AND DESIGN SERVICES	Candidate Name	Category/ Type
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)..... 11413.38

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)
DONALD J. TRUMP FOR PRESIDENT, INC.

Full Name (Last, First, Middle Initial) A. AMAZON		Date of Disbursement M M / D D / Y Y Y Y 12 / 01 / 2015
Mailing Address 410 TERRY AVE		Transaction ID : SB23.289606
City SEATTLE State WA Zip Code 98109	Purpose of Disbursement OFFICE SUPPLIES [AMEX: SB23.288951]	
Candidate Name	Category/Type	Amount of Each Disbursement this Period 212.04
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) ▼	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. AMAZON		Date of Disbursement M M / D D / Y Y Y Y 12 / 07 / 2015
Mailing Address 410 TERRY AVE		Transaction ID : SB23.289804
City SEATTLE State WA Zip Code 98109	Purpose of Disbursement OFFICE SUPPLIES [AMEX: SB23.288951]	
Candidate Name	Category/Type	Amount of Each Disbursement this Period 823.86
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) ▼	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) C. AMAZON		Date of Disbursement M M / D D / Y Y Y Y 12 / 10 / 2015
Mailing Address 410 TERRY AVE		Transaction ID : SB23.289723
City SEATTLE State WA Zip Code 98109	Purpose of Disbursement OFFICE SUPPLIES [AMEX: SB23.288951]	
Candidate Name	Category/Type	Amount of Each Disbursement this Period 464.85
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) ▼	[MEMO ITEM]
State: District:		

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)

PAGE 337 / 617

<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)
DONALD J. TRUMP FOR PRESIDENT, INC.

Full Name (Last, First, Middle Initial) A. AMERICAN AIRLINES		Date of Disbursement MM / DD / YYYY 12 / 01 / 2015
Mailing Address 4255 AMON CARTER BLVD		Transaction ID : SB23.289763
City FORT WORTH	State TX	
Purpose of Disbursement TRAVEL: AIR [AMEX: SB23.288951]		Amount of Each Disbursement this Period 642.10
Candidate Name		[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. AMERICAN AIRLINES		Date of Disbursement MM / DD / YYYY 12 / 02 / 2015
Mailing Address 4255 AMON CARTER BLVD		Transaction ID : SB23.289733
City FORT WORTH	State TX	
Purpose of Disbursement TRAVEL: AIR [AMEX: SB23.288951]		Amount of Each Disbursement this Period 495.10
Candidate Name		[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. AMERICAN AIRLINES		Date of Disbursement MM / DD / YYYY 12 / 27 / 2015
Mailing Address 4255 AMON CARTER BLVD		Transaction ID : SB23.289674
City FORT WORTH	State TX	
Purpose of Disbursement TRAVEL: AIR [AMEX: SB23.288951]		Amount of Each Disbursement this Period 315.10
Candidate Name		[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)..... 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)

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<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)
DONALD J. TRUMP FOR PRESIDENT, INC.

Full Name (Last, First, Middle Initial) A. AMERICAN EXPRESS		Date of Disbursement MM / DD / YYYY 01 / 04 / 2016
Mailing Address 200 VESSEY STREET		Transaction ID : SB23.288950
City NEW YORK	State NY	
Zip Code 10281	Purpose of Disbursement CREDIT CARD PAYMENTS: MEMO AGGREGATES UNDER 200	Amount of Each Disbursement this Period 457.13
Candidate Name	Category/ Type 101	
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. AMERICAN EXPRESS		Date of Disbursement MM / DD / YYYY 01 / 26 / 2016
Mailing Address 200 VESSEY STREET		Transaction ID : SB23.288951
City NEW YORK	State NY	
Zip Code 10281	Purpose of Disbursement CREDIT CARD PAYMENTS: SEE MEMO ENTRIES	Amount of Each Disbursement this Period 131140.58
Candidate Name	Category/ Type 101	
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. AMISUB OF SOUTH CAROLINA		Date of Disbursement MM / DD / YYYY 01 / 31 / 2016
Mailing Address 222 S. HERLONG AVENUE		Transaction ID : SB23.289501
City ROCK HILL	State SC	
Zip Code 29732	Purpose of Disbursement SECURITY SERVICES	Amount of Each Disbursement this Period 2097.50
Candidate Name	Category/ Type	
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)..... 133695.21

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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<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)
DONALD J. TRUMP FOR PRESIDENT, INC.

Full Name (Last, First, Middle Initial) A. APPLE		Date of Disbursement MM / DD / YYYY 12 / 08 / 2015
Mailing Address 1 INFINITE LOOP		Transaction ID : SB23.289825
City CUPERTINO	State CA	
Purpose of Disbursement OFFICE SUPPLIES [AMEX: SB23.288951]		Amount of Each Disbursement this Period 2171.03
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. APPLE		Date of Disbursement MM / DD / YYYY 12 / 21 / 2015
Mailing Address 1 INFINITE LOOP		Transaction ID : SB23.289812
City CUPERTINO	State CA	
Purpose of Disbursement COMPUTER PURCHASE [AMEX: SB23.288951]		Amount of Each Disbursement this Period 1163.77
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) C. ARCUDI ENERGY		Date of Disbursement MM / DD / YYYY 01 / 05 / 2016
Mailing Address 7 MORRISON DR		Transaction ID : SB23.289590
City MENDON	State MA	
Purpose of Disbursement UTILITIES		Amount of Each Disbursement this Period 376.29
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Subtotal Of Receipts This Page (optional)..... 376.29

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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<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)
DONALD J. TRUMP FOR PRESIDENT, INC.

Full Name (Last, First, Middle Initial) A. ARCUDI ENERGY		Date of Disbursement MM / DD / YYYY 01 / 30 / 2016
Mailing Address 7 MORRISON DR		Transaction ID : SB23.289591
City MENDON	State MA	
Purpose of Disbursement UTILITIES	Zip Code 01757	Amount of Each Disbursement this Period 675.65
Candidate Name	Category/ Type	
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. ARKANSAS LIVESTOCK ASSOCIATION		Date of Disbursement MM / DD / YYYY 01 / 28 / 2016
Mailing Address 2600 HOWARD ST.		Transaction ID : SB23.289002
City LITTLE ROCK	State AR	
Purpose of Disbursement FACILITY RENTAL	Zip Code 72206	Amount of Each Disbursement this Period 3500.00
Candidate Name	Category/ Type	
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. AUBUCHON HARDWARE		Date of Disbursement MM / DD / YYYY 01 / 08 / 2016
Mailing Address 222 GREAT ROAD		Transaction ID : SB23.289919
City LITTLETON	State MA	
Purpose of Disbursement OFFICE SUPPLIES [JONNSON SB23.289539]	Zip Code 01460	Amount of Each Disbursement this Period 231.41
Candidate Name	Category/ Type	
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)..... 4175.65

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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<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)
DONALD J. TRUMP FOR PRESIDENT, INC.

Full Name (Last, First, Middle Initial) A. AVIS RENT A CAR		Date of Disbursement MM / DD / YYYY 12 / 01 / 2015
Mailing Address 6 SYLVAN WAY		Transaction ID : SB23.289640
City PARSIPPANY State NJ Zip Code 07054	Amount of Each Disbursement this Period 260.65	
Purpose of Disbursement TRAVEL: CAR RENTAL [AMEX: SB23.288951]	Category/Type	[MEMO ITEM]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. AVIS RENT A CAR		Date of Disbursement MM / DD / YYYY 12 / 01 / 2015
Mailing Address 6 SYLVAN WAY		Transaction ID : SB23.289695
City PARSIPPANY State NJ Zip Code 07054	Amount of Each Disbursement this Period 362.25	
Purpose of Disbursement TRAVEL: CAR RENTAL [AMEX: SB23.288951]	Category/Type	[MEMO ITEM]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. AVIS RENT A CAR		Date of Disbursement MM / DD / YYYY 12 / 05 / 2015
Mailing Address 6 SYLVAN WAY		Transaction ID : SB23.289760
City PARSIPPANY State NJ Zip Code 07054	Amount of Each Disbursement this Period 619.42	
Purpose of Disbursement TRAVEL: CAR RENTAL [AMEX: SB23.288951]	Category/Type	[MEMO ITEM]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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<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)
DONALD J. TRUMP FOR PRESIDENT, INC.

Full Name (Last, First, Middle Initial) A. AVIS RENT A CAR		Date of Disbursement MM / DD / YYYY 12 / 06 / 2015
Mailing Address 6 SYLVAN WAY		Transaction ID : SB23.289689
City PARSIPPANY	State NJ	
Zip Code 07054	Purpose of Disbursement TRAVEL: CAR RENTAL [AMEX: SB23.288951]	Amount of Each Disbursement this Period 352.82
Candidate Name	Category/Type	[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. AVIS RENT A CAR		Date of Disbursement MM / DD / YYYY 12 / 12 / 2015
Mailing Address 6 SYLVAN WAY		Transaction ID : SB23.289817
City PARSIPPANY	State NJ	
Zip Code 07054	Purpose of Disbursement TRAVEL: CAR RENTAL [AMEX: SB23.288951]	Amount of Each Disbursement this Period 1624.99
Candidate Name	Category/Type	[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. AVIS RENT A CAR		Date of Disbursement MM / DD / YYYY 12 / 15 / 2015
Mailing Address 6 SYLVAN WAY		Transaction ID : SB23.289814
City PARSIPPANY	State NJ	
Zip Code 07054	Purpose of Disbursement TRAVEL: CAR RENTAL [AMEX: SB23.288951]	Amount of Each Disbursement this Period 1320.87
Candidate Name	Category/Type	[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)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)
DONALD J. TRUMP FOR PRESIDENT, INC.

Full Name (Last, First, Middle Initial) A. AVIS RENT A CAR		Date of Disbursement MM / DD / YYYY 12 / 17 / 2015
Mailing Address 6 SYLVAN WAY		Transaction ID : SB23.289683
City PARSIPPANY	State NJ	
Purpose of Disbursement TRAVEL: CAR RENTAL [AMEX: SB23.288951]		Amount of Each Disbursement this Period 328.31
Candidate Name		[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. COLLIER AZARE		Date of Disbursement MM / DD / YYYY 01 / 29 / 2016
Mailing Address 725 5TH AVENUE		Transaction ID : SB23.289328
City NEW YORK	State NY	
Purpose of Disbursement PAYROLL		Amount of Each Disbursement this Period 2719.12
Candidate Name		[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. B & H PHOTO		Date of Disbursement MM / DD / YYYY 12 / 23 / 2015
Mailing Address 420 9TH AVE		Transaction ID : SB23.289647
City NEW YORK	State NY	
Purpose of Disbursement PHOTOGRAPHY SERVICES [AMEX: SB23.288951]		Amount of Each Disbursement this Period 264.57
Candidate Name		[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)..... 2719.12

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
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NAME OF COMMITTEE (In Full)
DONALD J. TRUMP FOR PRESIDENT, INC.

Full Name (Last, First, Middle Initial) A. JAMES BAKER		Date of Disbursement MM / DD / YYYY 01 / 14 / 2016
Mailing Address 725 5TH AVENUE		Transaction ID : SB23.289252
City NEW YORK	State NY	
Purpose of Disbursement PAYROLL	Candidate Name	Amount of Each Disbursement this Period 1750.00
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. JAMES BAKER		Date of Disbursement MM / DD / YYYY 01 / 29 / 2016
Mailing Address 725 5TH AVENUE		Transaction ID : SB23.289329
City NEW YORK	State NY	
Purpose of Disbursement PAYROLL	Candidate Name	Amount of Each Disbursement this Period 1750.00
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. BANQUET SPECIAL EVENTS		Date of Disbursement MM / DD / YYYY 12 / 15 / 2015
Mailing Address 3355 LAS VEGAS BLVD S		Transaction ID : SB23.289816
City LAS VEGAS	State NV	
Purpose of Disbursement FACILITY RENTAL/CATERING SERVICES [AMEX: SB23.288951]	Candidate Name	Amount of Each Disbursement this Period 1337.22
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)..... 3500.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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<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)
DONALD J. TRUMP FOR PRESIDENT, INC.

Full Name (Last, First, Middle Initial) A. SCOTT BARRISH		Date of Disbursement MM / DD / YYYY 01 / 29 / 2016
Mailing Address 725 5TH AVENUE		Transaction ID : SB23.289331
City NEW YORK	State NY	
Zip Code 10022	Purpose of Disbursement PAYROLL	Amount of Each Disbursement this Period 1750.00
Candidate Name	Category/ Type	
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. SCOTT BARRISH		Date of Disbursement MM / DD / YYYY 01 / 31 / 2016
Mailing Address 725 5TH AVENUE		Transaction ID : SB23.289575
City NEW YORK	State NY	
Zip Code 10022	Purpose of Disbursement TRAVEL EXPENSE REIMBURSEMENT: ITEMIZATION BELOW IF REQUIRED	Amount of Each Disbursement this Period 296.07
Candidate Name	Category/ Type 101	
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. SCOTT BARRISH		Date of Disbursement MM / DD / YYYY 01 / 31 / 2016
Mailing Address 725 5TH AVENUE		Transaction ID : SB23.289908
City NEW YORK	State NY	
Zip Code 10022	Purpose of Disbursement TRAVEL: MILEAGE [BARRISH: SB23.289575]	Amount of Each Disbursement this Period 296.07
Candidate Name	Category/ Type	
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)..... 2046.07

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)
DONALD J. TRUMP FOR PRESIDENT, INC.

Full Name (Last, First, Middle Initial) A. DENNIS BEAVERS		Date of Disbursement MM / DD / YYYY 01 / 14 / 2016
Mailing Address 725 5TH AVENUE		Transaction ID : SB23.289255
City NEW YORK	State NY	
Zip Code 10022	Purpose of Disbursement PAYROLL	Amount of Each Disbursement this Period 1000.00
Candidate Name	Category/Type	
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. DENNIS BEAVERS		Date of Disbursement MM / DD / YYYY 01 / 14 / 2016
Mailing Address 725 5TH AVENUE		Transaction ID : SB23.289552
City NEW YORK	State NY	
Zip Code 10022	Purpose of Disbursement TRAVEL EXPENSE REIMBURSEMENT: ITEMIZATION BELOW IF REQUIRED	Amount of Each Disbursement this Period 1032.27
Candidate Name	Category/Type 101	
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. DENNIS BEAVERS		Date of Disbursement MM / DD / YYYY 01 / 14 / 2016
Mailing Address 725 5TH AVENUE		Transaction ID : SB23.289890
City NEW YORK	State NY	
Zip Code 10022	Purpose of Disbursement TRAVEL: MILEAGE [BEAVERS: SB23.289552]	Amount of Each Disbursement this Period 998.82
Candidate Name	Category/Type	
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)..... 2032.27

Total This Period (last page this line number only).....

**SCHEDULE B-P
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NAME OF COMMITTEE (In Full)
DONALD J. TRUMP FOR PRESIDENT, INC.

Full Name (Last, First, Middle Initial) A. BETHKOM HOLDINGS, LLC		Date of Disbursement MM / DD / YYYY 01 / 05 / 2016
Mailing Address 404 SAWYER ROAD		Transaction ID : SB23.289465
City SARASOTA	State FL	
Zip Code 34233	Purpose of Disbursement RENT AND UTILITIES	Amount of Each Disbursement this Period 3210.00
Candidate Name	Category/Type	
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. BIG GEYSER, INC.		Date of Disbursement MM / DD / YYYY 01 / 05 / 2016
Mailing Address 57-65 48TH ST		Transaction ID : SB23.289593
City MASPETH	State NY	
Zip Code 11378	Purpose of Disbursement UTILITIES	Amount of Each Disbursement this Period 292.00
Candidate Name	Category/Type	
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. BIG GEYSER, INC.		Date of Disbursement MM / DD / YYYY 01 / 31 / 2016
Mailing Address 57-65 48TH ST		Transaction ID : SB23.289592
City MASPETH	State NY	
Zip Code 11378	Purpose of Disbursement UTILITIES	Amount of Each Disbursement this Period 146.00
Candidate Name	Category/Type	
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)..... 3648.00

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)
DONALD J. TRUMP FOR PRESIDENT, INC.

Full Name (Last, First, Middle Initial) A. DOROTHY BLUMENTHAL		Date of Disbursement MM / DD / YYYY 01 / 04 / 2016
Mailing Address 725 5TH AVENUE		Transaction ID : SB23.288902
City NEW YORK	State NY	
Purpose of Disbursement ADMINISTRATIVE 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) B. DOROTHY BLUMENTHAL		Date of Disbursement MM / DD / YYYY 01 / 31 / 2016
Mailing Address 725 5TH AVENUE		Transaction ID : SB23.288903
City NEW YORK	State NY	
Purpose of Disbursement ADMINISTRATIVE 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. BODY POLITIC, LLC		Date of Disbursement MM / DD / YYYY 01 / 21 / 2016
Mailing Address 902 EUCLID AVENUE		Transaction ID : SB23.289088
City DES MOINES	State IA	
Purpose of Disbursement FIELD CONSULTING	Candidate Name	Amount of Each Disbursement this Period 4000.00
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)..... 11000.00

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

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(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)
DONALD J. TRUMP FOR PRESIDENT, INC.

Full Name (Last, First, Middle Initial) A. BODY POLITIC, LLC		Date of Disbursement MM / DD / YYYY 01 / 31 / 2016
Mailing Address 902 EUCLID AVENUE		Transaction ID : SB23.289089
City DES MOINES	State IA	
Purpose of Disbursement FIELD CONSULTING	Candidate Name	Amount of Each Disbursement this Period 4000.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State:	District:	Category/ Type

Full Name (Last, First, Middle Initial) B. VINCENT BORDINI		Date of Disbursement MM / DD / YYYY 01 / 14 / 2016
Mailing Address 725 5TH AVENUE		Transaction ID : SB23.289256
City NEW YORK	State NY	
Purpose of Disbursement PAYROLL	Candidate Name	Amount of Each Disbursement this Period 1000.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State:	District:	Category/ Type

Full Name (Last, First, Middle Initial) C. VINCENT BORDINI		Date of Disbursement MM / DD / YYYY 01 / 29 / 2016
Mailing Address 725 5TH AVENUE		Transaction ID : SB23.289333
City NEW YORK	State NY	
Purpose of Disbursement PAYROLL	Candidate Name	Amount of Each Disbursement this Period 1000.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
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 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)
DONALD J. TRUMP FOR PRESIDENT, INC.

Full Name (Last, First, Middle Initial) A. DENISE BOWDIDGE		Date of Disbursement MM / DD / YYYY 01 / 07 / 2016
Mailing Address 725 5TH AVENUE		Transaction ID : SB23.289202
City NEW YORK	State NY	
Purpose of Disbursement PAYROLL	Candidate Name	Amount of Each Disbursement this Period 1250.00
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. DENISE BOWDIDGE		Date of Disbursement MM / DD / YYYY 01 / 14 / 2016
Mailing Address 725 5TH AVENUE		Transaction ID : SB23.289257
City NEW YORK	State NY	
Purpose of Disbursement PAYROLL	Candidate Name	Amount of Each Disbursement this Period 1250.00
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. DENISE BOWDIDGE		Date of Disbursement MM / DD / YYYY 01 / 29 / 2016
Mailing Address 725 5TH AVENUE		Transaction ID : SB23.289334
City NEW YORK	State NY	
Purpose of Disbursement PAYROLL	Candidate Name	Amount of Each Disbursement this Period 1250.00
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)..... 3750.00

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 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)
DONALD J. TRUMP FOR PRESIDENT, INC.

Full Name (Last, First, Middle Initial) A. SID BOWDIDGE		Date of Disbursement MM / DD / YYYY 01 / 12 / 2016
Mailing Address 725 5TH AVENUE		Transaction ID : SB23.289578
City NEW YORK	State NY	
Zip Code 10022	Purpose of Disbursement TRAVEL EXPENSE REIMBURSEMENT: ITEMIZATION BELOW IF REQUIRED	Amount of Each Disbursement this Period 1395.86
Candidate Name	Category/Type 101	
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. SID BOWDIDGE		Date of Disbursement MM / DD / YYYY 01 / 12 / 2016
Mailing Address 725 5TH AVENUE		Transaction ID : SB23.289910
City NEW YORK	State NY	
Zip Code 10022	Purpose of Disbursement TRAVEL: MILEAGE [BOWDIDGE: SB23.289578]	Amount of Each Disbursement this Period 1221.42
Candidate Name	Category/Type	[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. SID BOWDIDGE		Date of Disbursement MM / DD / YYYY 01 / 31 / 2016
Mailing Address 725 5TH AVENUE		Transaction ID : SB23.289577
City NEW YORK	State NY	
Zip Code 10022	Purpose of Disbursement TRAVEL EXPENSE REIMBURSEMENT: ITEMIZATION BELOW IF REQUIRED	Amount of Each Disbursement this Period 315.66
Candidate Name	Category/Type 101	
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)..... 1711.52

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 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)
DONALD J. TRUMP FOR PRESIDENT, INC.

Full Name (Last, First, Middle Initial) A. SID BOWDIDGE		Date of Disbursement MM / DD / YYYY 01 / 31 / 2016
Mailing Address 725 5TH AVENUE		Transaction ID : SB23.289909
City NEW YORK	State NY	
Zip Code 10022	Purpose of Disbursement TRAVEL: MILEAGE [BOWDIDGE: SB23.289577]	Amount of Each Disbursement this Period 265.66
Candidate Name	Category/Type	[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. SIDNEY BOWDIDGE		Date of Disbursement MM / DD / YYYY 01 / 06 / 2016
Mailing Address 725 5TH AVENUE		Transaction ID : SB23.289235
City NEW YORK	State NY	
Zip Code 10022	Purpose of Disbursement PAYROLL	Amount of Each Disbursement this Period 371.67
Candidate Name	Category/Type	
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. SIDNEY BOWDIDGE		Date of Disbursement MM / DD / YYYY 01 / 06 / 2016
Mailing Address 725 5TH AVENUE		Transaction ID : SB23.289245
City NEW YORK	State NY	
Zip Code 10022	Purpose of Disbursement PAYROLL	Amount of Each Disbursement this Period 371.67
Candidate Name	Category/Type	
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)..... 743.34

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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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)
DONALD J. TRUMP FOR PRESIDENT, INC.

Full Name (Last, First, Middle Initial) A. SIDNEY BOWDIDGE		Date of Disbursement MM / DD / YYYY 01 / 14 / 2016
Mailing Address 725 5TH AVENUE		Transaction ID : SB23.289258
City NEW YORK	State NY	
Purpose of Disbursement PAYROLL	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) B. SIDNEY BOWDIDGE		Date of Disbursement MM / DD / YYYY 01 / 29 / 2016
Mailing Address 725 5TH AVENUE		Transaction ID : SB23.289335
City NEW YORK	State NY	
Purpose of Disbursement PAYROLL	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. BRIDGE VIEW CENTER		Date of Disbursement MM / DD / YYYY 01 / 07 / 2016
Mailing Address 102 CHURCH STREET		Transaction ID : SB23.289006
City OTTUMWA	State IA	
Purpose of Disbursement FACILITY RENTAL	Candidate Name	Amount of Each Disbursement this Period 1766.50
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)..... 3766.50

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)
DONALD J. TRUMP FOR PRESIDENT, INC.

Full Name (Last, First, Middle Initial) A. BRIDGE VIEW CENTER		Date of Disbursement MM / DD / YYYY 01 / 12 / 2016
Mailing Address 102 CHURCH STREET		Transaction ID : SB23.289004
City OTTUMWA	State IA	
Purpose of Disbursement FACILITY RENTAL	Candidate Name	Amount of Each Disbursement this Period 999,999.99 596.00
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. BRIDGE VIEW CENTER		Date of Disbursement MM / DD / YYYY 01 / 30 / 2016
Mailing Address 102 CHURCH STREET		Transaction ID : SB23.289005
City OTTUMWA	State IA	
Purpose of Disbursement FACILITY RENTAL	Candidate Name	Amount of Each Disbursement this Period 999,999.99 596.00
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. BRYAN BRIM		Date of Disbursement MM / DD / YYYY 01 / 06 / 2016
Mailing Address 725 5TH AVENUE		Transaction ID : SB23.289237
City NEW YORK	State NY	
Purpose of Disbursement PAYROLL	Candidate Name	Amount of Each Disbursement this Period 999,999.99 1107.84
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)..... 2299.84

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
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<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)
DONALD J. TRUMP FOR PRESIDENT, INC.

Full Name (Last, First, Middle Initial) A. BRYAN BRIM		Date of Disbursement MM / DD / YYYY 01 / 06 / 2016
Mailing Address 725 5TH AVENUE		Transaction ID : SB23.289246
City NEW YORK	State NY	
Purpose of Disbursement PAYROLL	Candidate Name	Amount of Each Disbursement this Period 1500.00
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. BRYAN BRIM		Date of Disbursement MM / DD / YYYY 01 / 14 / 2016
Mailing Address 725 5TH AVENUE		Transaction ID : SB23.289259
City NEW YORK	State NY	
Purpose of Disbursement PAYROLL	Candidate Name	Amount of Each Disbursement this Period 1500.00
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. BRYAN BRIM		Date of Disbursement MM / DD / YYYY 01 / 29 / 2016
Mailing Address 725 5TH AVENUE		Transaction ID : SB23.289336
City NEW YORK	State NY	
Purpose of Disbursement PAYROLL	Candidate Name	Amount of Each Disbursement this Period 1500.00
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)..... 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)

<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)
DONALD J. TRUMP FOR PRESIDENT, INC.

Full Name (Last, First, Middle Initial) A. CORY BRYSON		Date of Disbursement MM / DD / YYYY 01 / 30 / 2016
Mailing Address 725 5TH AVENUE		Transaction ID : SB23.289544
City NEW YORK	State NY	
Purpose of Disbursement TRAVEL EXPENSE REIMBURSEMENT: ITEMIZATION BELOW IF REQUIRED		Amount of Each Disbursement this Period 200.34
Candidate Name		Category/ Type 101
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. CORY BRYSON		Date of Disbursement MM / DD / YYYY 01 / 31 / 2016
Mailing Address 725 5TH AVENUE		Transaction ID : SB23.289546
City NEW YORK	State NY	
Purpose of Disbursement TRAVEL EXPENSE REIMBURSEMENT: ITEMIZATION BELOW IF REQUIRED		Amount of Each Disbursement this Period 458.00
Candidate Name		Category/ Type 101
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. BURESH PARTY & SPECIAL EVENTS		Date of Disbursement MM / DD / YYYY 01 / 08 / 2016
Mailing Address 5400 CENTER POINT ROAD NE		Transaction ID : SB23.288978
City CEDAR RAPIDS	State IA	
Purpose of Disbursement EVENT STAGING EXPENSE		Amount of Each Disbursement this Period 6042.10
Candidate Name		Category/ Type
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)..... 6700.44

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)
DONALD J. TRUMP FOR PRESIDENT, INC.

Full Name (Last, First, Middle Initial) A. MADELINE BURR		Date of Disbursement MM / DD / YYYY 01 / 14 / 2016
Mailing Address 725 5TH AVENUE		Transaction ID : SB23.289261
City NEW YORK	State NY	
Zip Code 10022	Purpose of Disbursement PAYROLL	Amount of Each Disbursement this Period 2500.00
Candidate Name	Category/ Type	
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. MADELINE BURR		Date of Disbursement MM / DD / YYYY 01 / 29 / 2016
Mailing Address 725 5TH AVENUE		Transaction ID : SB23.289338
City NEW YORK	State NY	
Zip Code 10022	Purpose of Disbursement PAYROLL	Amount of Each Disbursement this Period 2500.00
Candidate Name	Category/ Type	
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. ASHLEY BYERS		Date of Disbursement MM / DD / YYYY 01 / 14 / 2016
Mailing Address 725 5TH AVENUE		Transaction ID : SB23.289262
City NEW YORK	State NY	
Zip Code 10022	Purpose of Disbursement PAYROLL	Amount of Each Disbursement this Period 1500.00
Candidate Name	Category/ Type	
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)..... 6500.00

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)
DONALD J. TRUMP FOR PRESIDENT, INC.

Full Name (Last, First, Middle Initial) A. ASHLEY BYERS		Date of Disbursement MM / DD / YYYY 01 / 28 / 2016
Mailing Address 725 5TH AVENUE		Transaction ID : SB23.289534
City NEW YORK	State NY	
Zip Code 10022	Purpose of Disbursement TRAVEL EXPENSE REIMBURSEMENT: ITEMIZATION BELOW IF REQUIRED	Amount of Each Disbursement this Period 212.75
Candidate Name	Category/Type 101	
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. ASHLEY BYERS		Date of Disbursement MM / DD / YYYY 01 / 28 / 2016
Mailing Address 725 5TH AVENUE		Transaction ID : SB23.289882
City NEW YORK	State NY	
Zip Code 10022	Purpose of Disbursement TRAVEL: MILEAGE [BYERS: SB23.289534]	Amount of Each Disbursement this Period 212.75
Candidate Name	Category/Type	[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. ASHLEY BYERS		Date of Disbursement MM / DD / YYYY 01 / 29 / 2016
Mailing Address 725 5TH AVENUE		Transaction ID : SB23.289339
City NEW YORK	State NY	
Zip Code 10022	Purpose of Disbursement PAYROLL	Amount of Each Disbursement this Period 1500.00
Candidate Name	Category/Type	
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)..... 1712.75

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)
DONALD J. TRUMP FOR PRESIDENT, INC.

Full Name (Last, First, Middle Initial) A. ASHLEY BYERS		Date of Disbursement MM / DD / YYYY 01 / 31 / 2016
Mailing Address 725 5TH AVENUE		Transaction ID : SB23.289535
City NEW YORK	State NY	
Zip Code 10022	Purpose of Disbursement TRAVEL EXPENSE REIMBURSEMENT: ITEMIZATION BELOW IF REQUIRED	Amount of Each Disbursement this Period \$ 578.39
Candidate Name	Category/Type 101	
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. CHARLICE BYRD		Date of Disbursement MM / DD / YYYY 01 / 14 / 2016
Mailing Address 725 5TH AVENUE		Transaction ID : SB23.289263
City NEW YORK	State NY	
Zip Code 10022	Purpose of Disbursement PAYROLL	Amount of Each Disbursement this Period \$ 1250.00
Candidate Name	Category/Type	
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. CHARLICE BYRD		Date of Disbursement MM / DD / YYYY 01 / 21 / 2016
Mailing Address 725 5TH AVENUE		Transaction ID : SB23.289200
City NEW YORK	State NY	
Zip Code 10022	Purpose of Disbursement PAYROLL	Amount of Each Disbursement this Period \$ 1250.00
Candidate Name	Category/Type	
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)..... **\$ 3078.39**

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)
DONALD J. TRUMP FOR PRESIDENT, INC.

Full Name (Last, First, Middle Initial) A. CHARLICE BYRD		Date of Disbursement MM / DD / YYYY 01 / 29 / 2016
Mailing Address 725 5TH AVENUE		Transaction ID : SB23.289340
City NEW YORK	State NY	
Zip Code 10022	Purpose of Disbursement PAYROLL	Amount of Each Disbursement this Period 1250.00
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) B. C&M TRANSCONTINENTAL, LLC		Date of Disbursement MM / DD / YYYY 01 / 04 / 2016
Mailing Address 34 MAPLE AVENUE		Transaction ID : SB23.289520
City MENDHAM	State NJ	
Zip Code 07945	Purpose of Disbursement STRATEGY CONSULTING	Amount of Each Disbursement this Period 20058.38
Candidate Name	Category/ Type	
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. CALI-FAME		Date of Disbursement MM / DD / YYYY 01 / 04 / 2016
Mailing Address 20934 S. SANTA FE AVE.		Transaction ID : SB23.288933
City CARSON	State CA	
Zip Code 90810	Purpose of Disbursement COLLATERAL: HATS	Amount of Each Disbursement this Period 29998.94
Candidate Name	Category/ Type	
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)..... 51307.32

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)
DONALD J. TRUMP FOR PRESIDENT, INC.

Full Name (Last, First, Middle Initial) A. CAMP ALLEN, INC.		Date of Disbursement MM / DD / YYYY 01 / 15 / 2016
Mailing Address 56 CAMP ALLEN RD.		Transaction ID : SB23.289467
City BEDFORD	State NH	
Purpose of Disbursement RENT AND UTILITIES	Zip Code 03310	Amount of Each Disbursement this Period 3000.00
Candidate Name	Category/ Type	
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. MARY CARTER		Date of Disbursement MM / DD / YYYY 01 / 29 / 2016
Mailing Address 725 5TH AVENUE		Transaction ID : SB23.289342
City NEW YORK	State NY	
Purpose of Disbursement PAYROLL	Zip Code 10022	Amount of Each Disbursement this Period 3500.00
Candidate Name	Category/ Type	
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. CASTLETON BANQUET AND CONFERENCE CENTER		Date of Disbursement MM / DD / YYYY 01 / 07 / 2016
Mailing Address PO BOX 957		Transaction ID : SB23.289008
City WINDHAM	State NH	
Purpose of Disbursement FACILITY RENTAL	Zip Code 03087	Amount of Each Disbursement this Period 1500.00
Candidate Name	Category/ Type	
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)..... 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)

<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)
DONALD J. TRUMP FOR PRESIDENT, INC.

Full Name (Last, First, Middle Initial) A. THERESA CATALANI		Date of Disbursement MM / DD / YYYY 01 / 14 / 2016
Mailing Address 725 5TH AVENUE		Transaction ID : SB23.289264
City NEW YORK	State NY	
Purpose of Disbursement PAYROLL	Candidate Name	Amount of Each Disbursement this Period 1750.00
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. THERESA CATALANI		Date of Disbursement MM / DD / YYYY 01 / 29 / 2016
Mailing Address 725 5TH AVENUE		Transaction ID : SB23.289343
City NEW YORK	State NY	
Purpose of Disbursement PAYROLL	Candidate Name	Amount of Each Disbursement this Period 1750.00
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. RYAN CAUDELL		Date of Disbursement MM / DD / YYYY 01 / 14 / 2016
Mailing Address 725 5TH AVENUE		Transaction ID : SB23.289265
City NEW YORK	State NY	
Purpose of Disbursement PAYROLL	Candidate Name	Amount of Each Disbursement this Period 1750.00
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)..... 5250.00

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)
DONALD J. TRUMP FOR PRESIDENT, INC.

Full Name (Last, First, Middle Initial) A. RYAN CAUELLE		Date of Disbursement MM / DD / YYYY 01 / 29 / 2016
Mailing Address 725 5TH AVENUE		Transaction ID : SB23.289344
City NEW YORK	State NY	
Zip Code 10022	Purpose of Disbursement PAYROLL	Amount of Each Disbursement this Period 1750.00
Candidate Name	Category/ Type	
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. RYAN CAUELLE		Date of Disbursement MM / DD / YYYY 01 / 31 / 2016
Mailing Address 725 5TH AVENUE		Transaction ID : SB23.289574
City NEW YORK	State NY	
Zip Code 10022	Purpose of Disbursement TRAVEL EXPENSE REIMBURSEMENT: ITEMIZATION BELOW IF REQUIRED	Amount of Each Disbursement this Period 355.20
Candidate Name	Category/ Type 101	
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. CENTRAL COLLEGE		Date of Disbursement MM / DD / YYYY 01 / 07 / 2016
Mailing Address 812 UNIVERSITY		Transaction ID : SB23.289011
City PELLA	State IA	
Zip Code 50219	Purpose of Disbursement FACILITY RENTAL	Amount of Each Disbursement this Period 1000.00
Candidate Name	Category/ Type	
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)..... 3105.20

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)
DONALD J. TRUMP FOR PRESIDENT, INC.

Full Name (Last, First, Middle Initial) A. CHAIN BRIDGE BANK, N.A.		Date of Disbursement MM / DD / YYYY 01 / 05 / 2016
Mailing Address 1445-A LAUGHLIN AVENUE		Transaction ID : SB23.288921
City MCLEAN	State VA	
Purpose of Disbursement BANK FEES	Candidate Name	Amount of Each Disbursement this Period \$ 40.00
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. CHAIN BRIDGE BANK, N.A.		Date of Disbursement MM / DD / YYYY 01 / 06 / 2016
Mailing Address 1445-A LAUGHLIN AVENUE		Transaction ID : SB23.288929
City MCLEAN	State VA	
Purpose of Disbursement BANK FEES	Candidate Name	Amount of Each Disbursement this Period \$ 120.00
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. CHAIN BRIDGE BANK, N.A.		Date of Disbursement MM / DD / YYYY 01 / 07 / 2016
Mailing Address 1445-A LAUGHLIN AVENUE		Transaction ID : SB23.288916
City MCLEAN	State VA	
Purpose of Disbursement BANK FEES	Candidate Name	Amount of Each Disbursement this Period \$ 20.00
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)..... \$ 180.00

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)
DONALD J. TRUMP FOR PRESIDENT, INC.

Full Name (Last, First, Middle Initial) A. CHAIN BRIDGE BANK, N.A.		Date of Disbursement MM / DD / YYYY 01 / 07 / 2016
Mailing Address 1445-A LAUGHLIN AVENUE		Transaction ID : SB23.288923
City MCLEAN	State VA	
Purpose of Disbursement BANK FEES	Candidate Name	Amount of Each Disbursement this Period 60.00
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. CHAIN BRIDGE BANK, N.A.		Date of Disbursement MM / DD / YYYY 01 / 08 / 2016
Mailing Address 1445-A LAUGHLIN AVENUE		Transaction ID : SB23.288922
City MCLEAN	State VA	
Purpose of Disbursement BANK FEES	Candidate Name	Amount of Each Disbursement this Period 40.00
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. CHAIN BRIDGE BANK, N.A.		Date of Disbursement MM / DD / YYYY 01 / 11 / 2016
Mailing Address 1445-A LAUGHLIN AVENUE		Transaction ID : SB23.288927
City MCLEAN	State VA	
Purpose of Disbursement BANK FEES	Candidate Name	Amount of Each Disbursement this Period 100.00
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)..... 200.00

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)
DONALD J. TRUMP FOR PRESIDENT, INC.

Full Name (Last, First, Middle Initial) A. CHAIN BRIDGE BANK, N.A.		Date of Disbursement MM / DD / YYYY 01 / 12 / 2016
Mailing Address 1445-A LAUGHLIN AVENUE		Transaction ID : SB23.288917
City MCLEAN	State VA	
Purpose of Disbursement BANK FEES	Candidate Name	Amount of Each Disbursement this Period 20.00
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. CHAIN BRIDGE BANK, N.A.		Date of Disbursement MM / DD / YYYY 01 / 13 / 2016
Mailing Address 1445-A LAUGHLIN AVENUE		Transaction ID : SB23.288924
City MCLEAN	State VA	
Purpose of Disbursement BANK FEES	Candidate Name	Amount of Each Disbursement this Period 60.00
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. CHAIN BRIDGE BANK, N.A.		Date of Disbursement MM / DD / YYYY 01 / 19 / 2016
Mailing Address 1445-A LAUGHLIN AVENUE		Transaction ID : SB23.288918
City MCLEAN	State VA	
Purpose of Disbursement BANK FEES	Candidate Name	Amount of Each Disbursement this Period 20.00
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)..... 100.00

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)
DONALD J. TRUMP FOR PRESIDENT, INC.

Full Name (Last, First, Middle Initial) A. CHAIN BRIDGE BANK, N.A.		Date of Disbursement MM / DD / YYYY 01 / 20 / 2016
Mailing Address 1445-A LAUGHLIN AVENUE		Transaction ID : SB23.288919
City MCLEAN	State VA	
Purpose of Disbursement BANK FEES	Candidate Name	Amount of Each Disbursement this Period 20.00
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. CHAIN BRIDGE BANK, N.A.		Date of Disbursement MM / DD / YYYY 01 / 21 / 2016
Mailing Address 1445-A LAUGHLIN AVENUE		Transaction ID : SB23.288931
City MCLEAN	State VA	
Purpose of Disbursement BANK FEES	Candidate Name	Amount of Each Disbursement this Period 140.00
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. CHAIN BRIDGE BANK, N.A.		Date of Disbursement MM / DD / YYYY 01 / 22 / 2016
Mailing Address 1445-A LAUGHLIN AVENUE		Transaction ID : SB23.288926
City MCLEAN	State VA	
Purpose of Disbursement BANK FEES	Candidate Name	Amount of Each Disbursement this Period 80.00
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)..... 240.00

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)
DONALD J. TRUMP FOR PRESIDENT, INC.

Full Name (Last, First, Middle Initial) A. CHAIN BRIDGE BANK, N.A.		Date of Disbursement MM / DD / YYYY 01 / 26 / 2016
Mailing Address 1445-A LAUGHLIN AVENUE		Transaction ID : SB23.288920
City MCLEAN	State VA	
Purpose of Disbursement BANK FEES	Candidate Name	Amount of Each Disbursement this Period \$ 20.00
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. CHAIN BRIDGE BANK, N.A.		Date of Disbursement MM / DD / YYYY 01 / 27 / 2016
Mailing Address 1445-A LAUGHLIN AVENUE		Transaction ID : SB23.288925
City MCLEAN	State VA	
Purpose of Disbursement BANK FEES	Candidate Name	Amount of Each Disbursement this Period \$ 70.00
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. CHAIN BRIDGE BANK, N.A.		Date of Disbursement MM / DD / YYYY 01 / 28 / 2016
Mailing Address 1445-A LAUGHLIN AVENUE		Transaction ID : SB23.288914
City MCLEAN	State VA	
Purpose of Disbursement BANK FEES	Candidate Name	Amount of Each Disbursement this Period \$ 2.50
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)..... → \$ 92.50

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)
DONALD J. TRUMP FOR PRESIDENT, INC.

Full Name (Last, First, Middle Initial) A. CHAIN BRIDGE BANK, N.A.		Date of Disbursement MM / DD / YYYY 01 / 29 / 2016
Mailing Address 1445-A LAUGHLIN AVENUE		Transaction ID : SB23.288915
City MCLEAN	State VA	
Purpose of Disbursement BANK FEES	Candidate Name	Amount of Each Disbursement this Period 10.80
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. CHAIN BRIDGE BANK, N.A.		Date of Disbursement MM / DD / YYYY 01 / 29 / 2016
Mailing Address 1445-A LAUGHLIN AVENUE		Transaction ID : SB23.288930
City MCLEAN	State VA	
Purpose of Disbursement BANK FEES	Candidate Name	Amount of Each Disbursement this Period 120.00
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. CHARTER COMMUNICATIONS		Date of Disbursement MM / DD / YYYY 12 / 01 / 2015
Mailing Address 12405 POWERS COURT DR SUITE 100		Transaction ID : SB23.289749
City SAINT LOUIS	State MO	
Purpose of Disbursement BROADBAND SERVICE [AMEX: SB23.288951]	Candidate Name	Amount of Each Disbursement this Period 544.25
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)..... 130.80

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<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)
DONALD J. TRUMP FOR PRESIDENT, INC.

Full Name (Last, First, Middle Initial) A. KEVIN CHMIELEWSKI		Date of Disbursement MM / DD / YYYY 01 / 04 / 2016
Mailing Address 4400 S MONACO STREET APARTMENT 922		Transaction ID : SB23.288967
City DENVER	State CO	
Purpose of Disbursement EVENT CONSULTING	Candidate Name	Amount of Each Disbursement this Period 8829.85
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 CHMIELEWSKI		Date of Disbursement MM / DD / YYYY 01 / 04 / 2016
Mailing Address 4400 S MONACO STREET APARTMENT 922		Transaction ID : SB23.288968
City DENVER	State CO	
Purpose of Disbursement EVENT CONSULTING PPV	Candidate Name	Amount of Each Disbursement this Period -8829.85
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 CHMIELEWSKI		Date of Disbursement MM / DD / YYYY 01 / 29 / 2016
Mailing Address 4400 S MONACO STREET APARTMENT 922		Transaction ID : SB23.288966
City DENVER	State CO	
Purpose of Disbursement EVENT CONSULTING	Candidate Name	Amount of Each Disbursement this Period 8589.69
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)..... 8589.69

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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23 24 25 26 27a
 27b 28a 28b 28c 29

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NAME OF COMMITTEE (In Full)
DONALD J. TRUMP FOR PRESIDENT, INC.

Full Name (Last, First, Middle Initial) A. JAE CHO		Date of Disbursement MM / DD / YYYY 01 / 07 / 2016
Mailing Address 725 FIFTH AVENUE		Transaction ID : SB23.289519
City NEW YORK	State NY	
Zip Code 10022	Purpose of Disbursement SOFTWARE SERVICES	Amount of Each Disbursement this Period 1025.13
Candidate Name	Category/ Type	
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. WITOLD CHRABASZCZ		Date of Disbursement MM / DD / YYYY 01 / 14 / 2016
Mailing Address 725 5TH AVENUE		Transaction ID : SB23.289266
City NEW YORK	State NY	
Zip Code 10022	Purpose of Disbursement PAYROLL	Amount of Each Disbursement this Period 3000.00
Candidate Name	Category/ Type	
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. WITOLD CHRABASZCZ		Date of Disbursement MM / DD / YYYY 01 / 29 / 2016
Mailing Address 725 5TH AVENUE		Transaction ID : SB23.289345
City NEW YORK	State NY	
Zip Code 10022	Purpose of Disbursement PAYROLL	Amount of Each Disbursement this Period 3000.00
Candidate Name	Category/ Type	
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)..... → 7025.13

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)
DONALD J. TRUMP FOR PRESIDENT, INC.

Full Name (Last, First, Middle Initial)
A. EMILY CHUMACEIRO

Mailing Address 1506 PONDCREST LANE

City WHITE PLAINS State NY Zip Code 10607

Purpose of Disbursement TRAVEL EXPENSE REIMBURSEMENT: ITEMIZATION BELOW IF REQUIRED

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify) ▼

State: District:

Date of Disbursement: 01 / 30 / 2016

Transaction ID : SB23.289554

Amount of Each Disbursement this Period: 166.00

Category/Type: 101

Full Name (Last, First, Middle Initial)
B. MATTHEW CIEPIELOWSKI

Mailing Address 725 5TH AVENUE

City NEW YORK State NY Zip Code 10022

Purpose of Disbursement PAYROLL

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify) ▼

State: District:

Date of Disbursement: 01 / 14 / 2016

Transaction ID : SB23.289267

Amount of Each Disbursement this Period: 4000.00

Category/Type:

Full Name (Last, First, Middle Initial)
C. MATTHEW CIEPIELOWSKI

Mailing Address 725 5TH AVENUE

City NEW YORK State NY Zip Code 10022

Purpose of Disbursement PAYROLL

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify) ▼

State: District:

Date of Disbursement: 01 / 29 / 2016

Transaction ID : SB23.289346

Amount of Each Disbursement this Period: 4000.00

Category/Type:

Subtotal Of Receipts This Page (optional)..... 8166.00

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)
DONALD J. TRUMP FOR PRESIDENT, INC.

Full Name (Last, First, Middle Initial) A. COLEBROOK DOWNTOWN DEVELOPMENT ASSOCIATION		Date of Disbursement MM / DD / YYYY 01 / 06 / 2016
Mailing Address FOUR TITUS HILL ROAD PO BOX 376		Transaction ID : SB23.289470
City COLEBROOK	State NH	
Purpose of Disbursement RENT AND UTILITIES	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) ▼	Category/ Type
State: District:		

Full Name (Last, First, Middle Initial) B. COLEBROOK DOWNTOWN DEVELOPMENT ASSOCIATION		Date of Disbursement MM / DD / YYYY 01 / 15 / 2016
Mailing Address FOUR TITUS HILL ROAD PO BOX 376		Transaction ID : SB23.289471
City COLEBROOK	State NH	
Purpose of Disbursement RENT AND UTILITIES	Candidate Name	Amount of Each Disbursement this Period 750.00
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) ▼	Category/ Type
State: District:		

Full Name (Last, First, Middle Initial) C. COLEBROOK DOWNTOWN DEVELOPMENT ASSOCIATION		Date of Disbursement MM / DD / YYYY 01 / 31 / 2016
Mailing Address FOUR TITUS HILL ROAD PO BOX 376		Transaction ID : SB23.289469
City COLEBROOK	State NH	
Purpose of Disbursement RENT AND UTILITIES	Candidate Name	Amount of Each Disbursement this Period 151.96
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) ▼	Category/ Type
State: District:		

Subtotal Of Receipts This Page (optional)..... 1201.96

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
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23 24 25 26 27a
 27b 28a 28b 28c 29

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NAME OF COMMITTEE (In Full)
DONALD J. TRUMP FOR PRESIDENT, INC.

Full Name (Last, First, Middle Initial) A. COMCAST		Date of Disbursement MM / DD / YYYY 12 / 17 / 2015
Mailing Address 1701 JFK BOULEVARD		Transaction ID : SB23.289625
City PHILADELPHIA State PA Zip Code 19103	Amount of Each Disbursement this Period 12345678901234567890 240.02	
Purpose of Disbursement BROADBAND SERVICE [AMEX: SB23.288951]	Candidate Name	[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. COMCAST		Date of Disbursement MM / DD / YYYY 12 / 22 / 2015
Mailing Address 1701 JFK BOULEVARD		Transaction ID : SB23.289764
City PHILADELPHIA State PA Zip Code 19103	Amount of Each Disbursement this Period 12345678901234567890 661.75	
Purpose of Disbursement BROADBAND SERVICE [AMEX: SB23.288951]	Candidate Name	[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. COMCORNER, LLC		Date of Disbursement MM / DD / YYYY 01 / 05 / 2016
Mailing Address 1 N. MAIN STREET, SUITE 902		Transaction ID : SB23.289472
City GREENVILLE State SC Zip Code 29601	Amount of Each Disbursement this Period 12345678901234567890 1500.00	
Purpose of Disbursement RENT AND UTILITIES	Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

Subtotal Of Receipts This Page (optional)..... 1500.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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23 24 25 26 27a
 27b 28a 28b 28c 29

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NAME OF COMMITTEE (In Full)
DONALD J. TRUMP FOR PRESIDENT, INC.

Full Name (Last, First, Middle Initial) A. COMMAND SOLUTIONS LLC		Date of Disbursement MM / DD / YYYY 01 / 14 / 2016
Mailing Address 6341 VALLEY VIEW RD		Transaction ID : SB23.289092
City EDMOND	State OK	
Purpose of Disbursement FIELD CONSULTING	Zip Code 73034	Amount of Each Disbursement this Period 19587.13
Candidate Name	Category/ Type	
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. COMMON SENSE MEDIA LLC		Date of Disbursement MM / DD / YYYY 01 / 05 / 2016
Mailing Address 306 PRESERVATION REACH		Transaction ID : SB23.289440
City CHESAPEAKE	State VA	
Purpose of Disbursement PLACED MEDIA	Zip Code 23320	Amount of Each Disbursement this Period 3000.00
Candidate Name	Category/ Type	
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. COMMON SENSE MEDIA LLC		Date of Disbursement MM / DD / YYYY 01 / 13 / 2016
Mailing Address 306 PRESERVATION REACH		Transaction ID : SB23.289441
City CHESAPEAKE	State VA	
Purpose of Disbursement PLACED MEDIA	Zip Code 23320	Amount of Each Disbursement this Period 3000.00
Candidate Name	Category/ Type	
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)..... → 25587.13

Total This Period (last page this line number only)..... →

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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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)
DONALD J. TRUMP FOR PRESIDENT, INC.

Full Name (Last, First, Middle Initial) A. CONCORD SCHOOL DISTRICT		Date of Disbursement MM / DD / YYYY 01 / 15 / 2016
Mailing Address 170 WARREN STREET		Transaction ID : SB23.289017
City CONCORD	State NH	
Zip Code 03301	Purpose of Disbursement FACILITY RENTAL	Amount of Each Disbursement this Period 1650.00
Candidate Name	Category/ Type	
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. CONSTANT CONTACT		Date of Disbursement MM / DD / YYYY 12 / 03 / 2015
Mailing Address 1601 TRAPELO RD STE 329		Transaction ID : SB23.289720
City WALTHAM	State MA	
Zip Code 02451	Purpose of Disbursement ONLINE SUBSCRIPTION [AMEX: SB23.288951]	Amount of Each Disbursement this Period 459.00
Candidate Name	Category/ Type 101	[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. CONTINUOUS TOUCH, LLC		Date of Disbursement MM / DD / YYYY 01 / 05 / 2016
Mailing Address 514 EAST DOVER COURT		Transaction ID : SB23.289596
City DAVENPORT	State IA	
Zip Code 52803	Purpose of Disbursement UTILITIES	Amount of Each Disbursement this Period 630.63
Candidate Name	Category/ Type	
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)..... 2280.63

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<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)
DONALD J. TRUMP FOR PRESIDENT, INC.

Full Name (Last, First, Middle Initial) A. CONTINUOUS TOUCH, LLC		Date of Disbursement MM / DD / YYYY 01 / 12 / 2016
Mailing Address 514 EAST DOVER COURT		Transaction ID : SB23.289597
City DAVENPORT	State IA	
Purpose of Disbursement UTILITIES	Candidate Name	Amount of Each Disbursement this Period 630.63
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. ROBERT COOK		Date of Disbursement MM / DD / YYYY 01 / 29 / 2016
Mailing Address 725 5TH AVENUE		Transaction ID : SB23.289348
City NEW YORK	State NY	
Purpose of Disbursement PAYROLL	Candidate Name	Amount of Each Disbursement this Period 2053.92
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. COX COMMUNICATIONS		Date of Disbursement MM / DD / YYYY 12 / 22 / 2015
Mailing Address 6301 WATERFORD BLVD STE 200		Transaction ID : SB23.289751
City OKLAHOMA CITY	State OK	
Purpose of Disbursement BROADBAND SERVICE [AMEX: SB23.288951]	Candidate Name	Amount of Each Disbursement this Period 549.89
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)..... 2684.55

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)
DONALD J. TRUMP FOR PRESIDENT, INC.

Full Name (Last, First, Middle Initial) A. MARSHALL CRITCHFIELD		Date of Disbursement MM / DD / YYYY 01 / 14 / 2016
Mailing Address 725 5TH AVENUE		Transaction ID : SB23.289268
City NEW YORK	State NY	
Zip Code 10022	Purpose of Disbursement PAYROLL	Amount of Each Disbursement this Period 1750.00
Candidate Name	Category/Type	
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. MARSHALL CRITCHFIELD		Date of Disbursement MM / DD / YYYY 01 / 29 / 2016
Mailing Address 725 5TH AVENUE		Transaction ID : SB23.289349
City NEW YORK	State NY	
Zip Code 10022	Purpose of Disbursement PAYROLL	Amount of Each Disbursement this Period 1750.00
Candidate Name	Category/Type	
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. MARSHALL CRITCHFIELD		Date of Disbursement MM / DD / YYYY 01 / 31 / 2016
Mailing Address 725 5TH AVENUE		Transaction ID : SB23.289567
City NEW YORK	State NY	
Zip Code 10022	Purpose of Disbursement TRAVEL EXPENSE REIMBURSEMENT: ITEMIZATION BELOW IF REQUIRED	Amount of Each Disbursement this Period 77.72
Candidate Name	Category/Type 101	
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)..... 3577.72

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)
DONALD J. TRUMP FOR PRESIDENT, INC.

Full Name (Last, First, Middle Initial) A. PHILLIP DANN		Date of Disbursement MM / DD / YYYY 01 / 19 / 2016
Mailing Address 725 5TH AVENUE		Transaction ID : SB23.289209
City NEW YORK	State NY	
Zip Code 10022	Purpose of Disbursement PAYROLL	Amount of Each Disbursement this Period 1153.60
Candidate Name	Category/ Type	
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. PHILLIP DANN		Date of Disbursement MM / DD / YYYY 01 / 29 / 2016
Mailing Address 725 5TH AVENUE		Transaction ID : SB23.289350
City NEW YORK	State NY	
Zip Code 10022	Purpose of Disbursement PAYROLL	Amount of Each Disbursement this Period 1250.00
Candidate Name	Category/ Type	
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. ELIZABETH DAVIDSON		Date of Disbursement MM / DD / YYYY 01 / 14 / 2016
Mailing Address 725 5TH AVENUE		Transaction ID : SB23.289269
City NEW YORK	State NY	
Zip Code 10022	Purpose of Disbursement PAYROLL	Amount of Each Disbursement this Period 1000.00
Candidate Name	Category/ Type	
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)..... 3403.60

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:
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<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)
DONALD J. TRUMP FOR PRESIDENT, INC.

Full Name (Last, First, Middle Initial) A. DELTA AIR LINES		Date of Disbursement M M / D D / Y Y Y Y 11 / 30 / 2015
Mailing Address 1030 DELTA BOULEVARD		Transaction ID : SB23.289632
City ATLANTA State GA Zip Code 30344	Amount of Each Disbursement this Period 250.00	
Purpose of Disbursement TRAVEL: AIR [AMEX: SB23.288951]	Candidate Name Category/Type	[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. DELTA AIR LINES		Date of Disbursement M M / D D / Y Y Y Y 11 / 30 / 2015
Mailing Address 1030 DELTA BOULEVARD		Transaction ID : SB23.289637
City ATLANTA State GA Zip Code 30344	Amount of Each Disbursement this Period 260.00	
Purpose of Disbursement TRAVEL: AIR [AMEX: SB23.288951]	Candidate Name Category/Type	[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. DELTA AIR LINES		Date of Disbursement M M / D D / Y Y Y Y 12 / 01 / 2015
Mailing Address 1030 DELTA BOULEVARD		Transaction ID : SB23.289642
City ATLANTA State GA Zip Code 30344	Amount of Each Disbursement this Period 261.10	
Purpose of Disbursement TRAVEL: AIR [AMEX: SB23.288951]	Candidate Name Category/Type	[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)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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23 24 25 26 27a
 27b 28a 28b 28c 29

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NAME OF COMMITTEE (In Full)
DONALD J. TRUMP FOR PRESIDENT, INC.

Full Name (Last, First, Middle Initial) A. DELTA AIR LINES		Date of Disbursement MM / DD / YYYY 12 / 01 / 2015
Mailing Address 1030 DELTA BOULEVARD		Transaction ID : SB23.289658
City ATLANTA State GA Zip Code 30344	Amount of Each Disbursement this Period 285.60	
Purpose of Disbursement TRAVEL: AIR [AMEX: SB23.288951]	Candidate Name Category/ Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House Disbursement For: 2016 <input type="checkbox"/> Senate <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> President <input type="checkbox"/> Other (specify) ▼		
State: District:		

Full Name (Last, First, Middle Initial) B. DELTA AIR LINES		Date of Disbursement MM / DD / YYYY 12 / 01 / 2015
Mailing Address 1030 DELTA BOULEVARD		Transaction ID : SB23.289672
City ATLANTA State GA Zip Code 30344	Amount of Each Disbursement this Period 314.60	
Purpose of Disbursement TRAVEL: AIR [AMEX: SB23.288951]	Candidate Name Category/ Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House Disbursement For: 2016 <input type="checkbox"/> Senate <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> President <input type="checkbox"/> Other (specify) ▼		
State: District:		

Full Name (Last, First, Middle Initial) C. DELTA AIR LINES		Date of Disbursement MM / DD / YYYY 12 / 05 / 2015
Mailing Address 1030 DELTA BOULEVARD		Transaction ID : SB23.289655
City ATLANTA State GA Zip Code 30344	Amount of Each Disbursement this Period 281.10	
Purpose of Disbursement TRAVEL: AIR [AMEX: SB23.288951]	Candidate Name Category/ Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House Disbursement For: 2016 <input type="checkbox"/> Senate <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> President <input type="checkbox"/> Other (specify) ▼		
State: District:		

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)
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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)
DONALD J. TRUMP FOR PRESIDENT, INC.

Full Name (Last, First, Middle Initial) A. DELTA AIR LINES		Date of Disbursement MM / DD / YYYY 12 / 05 / 2015
Mailing Address 1030 DELTA BOULEVARD		Transaction ID : SB23.289755
City ATLANTA	State GA	
Purpose of Disbursement TRAVEL: AIR [AMEX: SB23.288951]		Amount of Each Disbursement this Period 565.10
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B. DELTA AIR LINES		Date of Disbursement MM / DD / YYYY 12 / 07 / 2015
Mailing Address 1030 DELTA BOULEVARD		Transaction ID : SB23.289624
City ATLANTA	State GA	
Purpose of Disbursement TRAVEL: AIR [AMEX: SB23.288951]		Amount of Each Disbursement this Period 238.10
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) C. DELTA AIR LINES		Date of Disbursement MM / DD / YYYY 12 / 07 / 2015
Mailing Address 1030 DELTA BOULEVARD		Transaction ID : SB23.289669
City ATLANTA	State GA	
Purpose of Disbursement TRAVEL: AIR [AMEX: SB23.288951]		Amount of Each Disbursement this Period 304.10
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State: District:	Category/Type	

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)
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Detailed Summary Page

FOR LINE NUMBER:
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<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)
DONALD J. TRUMP FOR PRESIDENT, INC.

Full Name (Last, First, Middle Initial) A. DELTA AIR LINES		Date of Disbursement MM / DD / YYYY 12 / 07 / 2015
Mailing Address 1030 DELTA BOULEVARD		Transaction ID : SB23.289676
City ATLANTA State GA Zip Code 30344	Amount of Each Disbursement this Period 317.60	
Purpose of Disbursement TRAVEL: AIR [AMEX: SB23.288951]	Candidate Name	[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. DELTA AIR LINES		Date of Disbursement MM / DD / YYYY 12 / 08 / 2015
Mailing Address 1030 DELTA BOULEVARD		Transaction ID : SB23.289618
City ATLANTA State GA Zip Code 30344	Amount of Each Disbursement this Period 231.60	
Purpose of Disbursement TRAVEL: AIR [AMEX: SB23.288951]	Candidate Name	[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. DELTA AIR LINES		Date of Disbursement MM / DD / YYYY 12 / 08 / 2015
Mailing Address 1030 DELTA BOULEVARD		Transaction ID : SB23.289709
City ATLANTA State GA Zip Code 30344	Amount of Each Disbursement this Period 419.00	
Purpose of Disbursement TRAVEL: AIR [AMEX: SB23.288951]	Candidate Name	[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)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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Detailed Summary Page

FOR LINE NUMBER:
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<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)
DONALD J. TRUMP FOR PRESIDENT, INC.

Full Name (Last, First, Middle Initial) A. DELTA AIR LINES		Date of Disbursement MM / DD / YYYY 12 / 08 / 2015
Mailing Address 1030 DELTA BOULEVARD		Transaction ID : SB23.289732
City ATLANTA	State GA	
Purpose of Disbursement TRAVEL: AIR [AMEX: SB23.288951]	Zip Code 30344	Amount of Each Disbursement this Period 482.60
Candidate Name	Category/Type	[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. DELTA AIR LINES		Date of Disbursement MM / DD / YYYY 12 / 10 / 2015
Mailing Address 1030 DELTA BOULEVARD		Transaction ID : SB23.289619
City ATLANTA	State GA	
Purpose of Disbursement TRAVEL: AIR [AMEX: SB23.288951]	Zip Code 30344	Amount of Each Disbursement this Period 231.60
Candidate Name	Category/Type	[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. DELTA AIR LINES		Date of Disbursement MM / DD / YYYY 12 / 11 / 2015
Mailing Address 1030 DELTA BOULEVARD		Transaction ID : SB23.289677
City ATLANTA	State GA	
Purpose of Disbursement TRAVEL: AIR [AMEX: SB23.288951]	Zip Code 30344	Amount of Each Disbursement this Period 317.60
Candidate Name	Category/Type	[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)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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<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)
DONALD J. TRUMP FOR PRESIDENT, INC.

Full Name (Last, First, Middle Initial) A. DELTA AIR LINES		Date of Disbursement MM / DD / YYYY 12 / 13 / 2015
Mailing Address 1030 DELTA BOULEVARD		Transaction ID : SB23.289638
City ATLANTA	State GA	
Purpose of Disbursement TRAVEL: AIR [AMEX: SB23.288951]		Amount of Each Disbursement this Period 260.10
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State:	District:	

Full Name (Last, First, Middle Initial) B. DELTA AIR LINES		Date of Disbursement MM / DD / YYYY 12 / 14 / 2015
Mailing Address 1030 DELTA BOULEVARD		Transaction ID : SB23.289752
City ATLANTA	State GA	
Purpose of Disbursement TRAVEL: AIR [AMEX: SB23.288951]		Amount of Each Disbursement this Period 557.60
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State:	District:	

Full Name (Last, First, Middle Initial) C. DELTA AIR LINES		Date of Disbursement MM / DD / YYYY 12 / 17 / 2015
Mailing Address 1030 DELTA BOULEVARD		Transaction ID : SB23.289759
City ATLANTA	State GA	
Purpose of Disbursement TRAVEL: AIR [AMEX: SB23.288951]		Amount of Each Disbursement this Period 607.10
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State:	District:	

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)
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23 24 25 26 27a
 27b 28a 28b 28c 29

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NAME OF COMMITTEE (In Full)

DONALD J. TRUMP FOR PRESIDENT, INC.

Full Name (Last, First, Middle Initial)

A. DELTA AIR LINES

Mailing Address 1030 DELTA BOULEVARD

City ATLANTA State GA Zip Code 30344

Purpose of Disbursement
TRAVEL: AIR [AMEX: SB23.288951]

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

/ /

Transaction ID : SB23.289626

Amount of Each Disbursement this Period

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. DELTA AIR LINES

Mailing Address 1030 DELTA BOULEVARD

City ATLANTA State GA Zip Code 30344

Purpose of Disbursement
TRAVEL: AIR [AMEX: SB23.288951]

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

/ /

Transaction ID : SB23.289711

Amount of Each Disbursement this Period

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. DELTA AIR LINES

Mailing Address 1030 DELTA BOULEVARD

City ATLANTA State GA Zip Code 30344

Purpose of Disbursement
TRAVEL: AIR [AMEX: SB23.288951]

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

/ /

Transaction ID : SB23.289702

Amount of Each Disbursement this Period

[MEMO ITEM]

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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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)
DONALD J. TRUMP FOR PRESIDENT, INC.

Full Name (Last, First, Middle Initial) A. DELTA AIR LINES		Date of Disbursement MM / DD / YYYY 12 / 23 / 2015
Mailing Address 1030 DELTA BOULEVARD		Transaction ID : SB23.289675
City ATLANTA State GA Zip Code 30344	Amount of Each Disbursement this Period 316.60	
Purpose of Disbursement TRAVEL: AIR [AMEX: SB23.288951]	Candidate Name Category/Type	[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. DELTA AIR LINES		Date of Disbursement MM / DD / YYYY 12 / 23 / 2015
Mailing Address 1030 DELTA BOULEVARD		Transaction ID : SB23.289713
City ATLANTA State GA Zip Code 30344	Amount of Each Disbursement this Period 435.10	
Purpose of Disbursement TRAVEL: AIR [AMEX: SB23.288951]	Candidate Name Category/Type	[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. DELTA AIR LINES		Date of Disbursement MM / DD / YYYY 12 / 25 / 2015
Mailing Address 1030 DELTA BOULEVARD		Transaction ID : SB23.289688
City ATLANTA State GA Zip Code 30344	Amount of Each Disbursement this Period 351.60	
Purpose of Disbursement TRAVEL: AIR [AMEX: SB23.288951]	Candidate Name Category/Type	[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)..... 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)
DONALD J. TRUMP FOR PRESIDENT, INC.

Full Name (Last, First, Middle Initial) A. DELTA AIR LINES		Date of Disbursement M M / D D / Y Y Y Y 12 / 27 / 2015
Mailing Address 1030 DELTA BOULEVARD		Transaction ID : SB23.289664
City ATLANTA	State GA Zip Code 30344	
Purpose of Disbursement TRAVEL: AIR [AMEX: SB23.288951]		Amount of Each Disbursement this Period 929.60
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. DELTA AIR LINES		Date of Disbursement M M / D D / Y Y Y Y 12 / 28 / 2015
Mailing Address 1030 DELTA BOULEVARD		Transaction ID : SB23.289734
City ATLANTA	State GA Zip Code 30344	
Purpose of Disbursement TRAVEL: AIR [AMEX: SB23.288951]		Amount of Each Disbursement this Period 498.10
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) C. DELTA AIR LINES		Date of Disbursement M M / D D / Y Y Y Y 12 / 28 / 2015
Mailing Address 1030 DELTA BOULEVARD		Transaction ID : SB23.289735
City ATLANTA	State GA Zip Code 30344	
Purpose of Disbursement TRAVEL: AIR [AMEX: SB23.288951]		Amount of Each Disbursement this Period 498.10
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State: District:		

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)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<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)
DONALD J. TRUMP FOR PRESIDENT, INC.

Full Name (Last, First, Middle Initial) A. DELTA AIR LINES		Date of Disbursement MM / DD / YYYY 12 / 28 / 2015
Mailing Address 1030 DELTA BOULEVARD		Transaction ID : SB23.289758
City ATLANTA	State GA	
Zip Code 30344	Purpose of Disbursement TRAVEL: AIR [AMEX: SB23.288951]	Amount of Each Disbursement this Period 597.20
Candidate Name	Category/Type	[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. DELTA PLEX ARENA		Date of Disbursement MM / DD / YYYY 01 / 18 / 2016
Mailing Address 2500 TURNER AVENUE, N.W.		Transaction ID : SB23.289018
City GRAND RAPIDS	State MI	
Zip Code 49544	Purpose of Disbursement FACILITY RENTAL	Amount of Each Disbursement this Period 12298.14
Candidate Name	Category/Type	
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. JONATHAN DIMOCK		Date of Disbursement MM / DD / YYYY 01 / 14 / 2016
Mailing Address 725 FIFTH AVENUE		Transaction ID : SB23.289271
City NEW YORK	State NY	
Zip Code 10022	Purpose of Disbursement PAYROLL	Amount of Each Disbursement this Period 1250.00
Candidate Name	Category/Type	
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)..... 13548.14

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

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<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)
DONALD J. TRUMP FOR PRESIDENT, INC.

Full Name (Last, First, Middle Initial) A. JONATHAN DIMOCK		Date of Disbursement MM / DD / YYYY 01 / 29 / 2016
Mailing Address 725 FIFTH AVENUE		Transaction ID : SB23.289352
City NEW YORK	State NY	
Purpose of Disbursement PAYROLL	Candidate Name	Amount of Each Disbursement this Period 1250.00
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. ASHLEY DIPALLO		Date of Disbursement MM / DD / YYYY 01 / 21 / 2016
Mailing Address 725 5TH AVENUE		Transaction ID : SB23.289223
City NEW YORK	State NY	
Purpose of Disbursement PAYROLL	Candidate Name	Amount of Each Disbursement this Period 456.40
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. ASHLEY DIPALLO		Date of Disbursement MM / DD / YYYY 01 / 29 / 2016
Mailing Address 725 5TH AVENUE		Transaction ID : SB23.289353
City NEW YORK	State NY	
Purpose of Disbursement PAYROLL	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: _____	Category/Type	

Subtotal Of Receipts This Page (optional)..... 2706.40

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)
DONALD J. TRUMP FOR PRESIDENT, INC.

Full Name (Last, First, Middle Initial) A. DIRECT VIEW		Date of Disbursement MM / DD / YYYY 01 / 12 / 2016
Mailing Address 40 WALL STREET 62ND FLOOR		Transaction ID : SB23.289599
City NEW YORK	State NY	
Purpose of Disbursement UTILITIES	Zip Code 10005	Amount of Each Disbursement this Period 2020.00
Candidate Name	Category/ Type	
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. DORDT COLLEGE		Date of Disbursement MM / DD / YYYY 01 / 11 / 2016
Mailing Address 498 4TH AVE. NE		Transaction ID : SB23.289020
City SIOUX CENTER	State IA	
Purpose of Disbursement FACILITY RENTAL	Zip Code 51250	Amount of Each Disbursement this Period 800.00
Candidate Name	Category/ Type	
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. DOUBLETREE		Date of Disbursement MM / DD / YYYY 12 / 20 / 2015
Mailing Address 350 FIRST AVENUE NE		Transaction ID : SB23.289635
City CEDAR RAPIDS	State IA	
Purpose of Disbursement TRAVEL: LODGING [AMEX: SB23.288951]	Zip Code 52401	Amount of Each Disbursement this Period 252.33
Candidate Name	Category/ Type	
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)..... 2820.00

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:
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<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)
DONALD J. TRUMP FOR PRESIDENT, INC.

Full Name (Last, First, Middle Initial) A. DOUBLETREE		Date of Disbursement MM / DD / YYYY 11 / 22 / 2016
Mailing Address 808 SOUTH 20TH STREET		Transaction ID : SB23.289887
City BIRMINGHAM	State AL Zip Code 35205	
Purpose of Disbursement TRAVEL: LODGING [TUCKER: SB23.289541]	Category/Type	Amount of Each Disbursement this Period 528.19
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	[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. DOUBLETREE CEDAR RAPIDS		Date of Disbursement MM / DD / YYYY 01 / 22 / 2016
Mailing Address 350 1ST AVENUE NE		Transaction ID : SB23.289022
City CEDAR RAPIDS	State IA Zip Code 52401	
Purpose of Disbursement FACILITY RENTAL	Category/Type	Amount of Each Disbursement this Period 3000.00
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

Full Name (Last, First, Middle Initial) C. FRED DOUCETTE		Date of Disbursement MM / DD / YYYY 01 / 22 / 2016
Mailing Address PO BOX 862		Transaction ID : SB23.289123
City SALEM	State NH Zip Code 03079	
Purpose of Disbursement FIELD CONSULTING	Category/Type	Amount of Each Disbursement this Period 2000.00
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

Subtotal Of Receipts This Page (optional)..... 5000.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

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<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)
DONALD J. TRUMP FOR PRESIDENT, INC.

Full Name (Last, First, Middle Initial) A. DRAKE UNIVERSITY		Date of Disbursement MM / DD / YYYY 01 / 27 / 2016
Mailing Address 2507 CARPENTER AVENUE		Transaction ID : SB23.289024
City DES MOINES	State IA	
Purpose of Disbursement FACILITY RENTAL	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: _____	Category/ Type

Full Name (Last, First, Middle Initial) B. DUBUQUE REGIONAL AIRPORT		Date of Disbursement MM / DD / YYYY 01 / 27 / 2016
Mailing Address 1100 AIRPORT RD.		Transaction ID : SB23.289026
City DUBUQUE	State IA	
Purpose of Disbursement FACILITY RENTAL	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: _____	Category/ Type

Full Name (Last, First, Middle Initial) C. CASSIDY DUMBAULD		Date of Disbursement MM / DD / YYYY 01 / 14 / 2016
Mailing Address 725 FIFTH AVENUE		Transaction ID : SB23.289272
City NEW YORK	State NY	
Purpose of Disbursement PAYROLL	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

Subtotal Of Receipts This Page (optional)..... 10750.00

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:
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<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)
DONALD J. TRUMP FOR PRESIDENT, INC.

Full Name (Last, First, Middle Initial) A. ENTERPRISE		Date of Disbursement MM / DD / YYYY 01 / 04 / 2016
Mailing Address 4917 N UNIVERSITY DR		Transaction ID : SB23.289907
City LAUDERHILL	State FL Zip Code 33351	
Purpose of Disbursement TRAVEL: CAR RENTAL [KINGAN: SB23.289573]		Amount of Each Disbursement this Period 267.31
Candidate Name		[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. ENTERPRISE RAC		Date of Disbursement MM / DD / YYYY 12 / 22 / 2015
Mailing Address 600 CORPORATE PARK DR		Transaction ID : SB23.289730
City ST LOUIS	State MO Zip Code 63105	
Purpose of Disbursement TRAVEL: CAR RENTAL [AMEX: SB23.288951]		Amount of Each Disbursement this Period 476.25
Candidate Name		[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. JAMES EPLEY		Date of Disbursement MM / DD / YYYY 01 / 11 / 2016
Mailing Address 538 ABNER CREEK RD		Transaction ID : SB23.289126
City GREER	State SC Zip Code 29651	
Purpose of Disbursement FIELD CONSULTING		Amount of Each Disbursement this Period 13808.07
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

Subtotal Of Receipts This Page (optional)..... 13808.07

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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FOR LINE NUMBER:
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<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)
DONALD J. TRUMP FOR PRESIDENT, INC.

Full Name (Last, First, Middle Initial) A. JAMES EPLEY		Date of Disbursement MM / DD / YYYY 01 / 31 / 2016
Mailing Address 538 ABNER CREEK RD		Transaction ID : SB23.289125
City GREER	State SC	
Purpose of Disbursement FIELD CONSULTING	Candidate Name	Amount of Each Disbursement this Period 9881.84
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. ERNEST F. LADD MEMORIAL STADIUM		Date of Disbursement MM / DD / YYYY 01 / 07 / 2016
Mailing Address PO BOX 66721		Transaction ID : SB23.289028
City MOBILE	State AL	
Purpose of Disbursement FACILITY RENTAL	Candidate Name	Amount of Each Disbursement this Period 21270.67
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. CHRISTINA ESPENSCHIED		Date of Disbursement MM / DD / YYYY 01 / 14 / 2016
Mailing Address 725 FIFTH AVENUE		Transaction ID : SB23.289273
City NEW YORK	State NY	
Purpose of Disbursement PAYROLL	Candidate Name	Amount of Each Disbursement this Period 2000.00
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)..... 33152.51

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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<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)
DONALD J. TRUMP FOR PRESIDENT, INC.

Full Name (Last, First, Middle Initial) A. CHRISTINA ESPENSCHIED		Date of Disbursement MM / DD / YYYY 01 / 29 / 2016
Mailing Address 725 FIFTH AVENUE		Transaction ID : SB23.289355
City NEW YORK	State NY	
Zip Code 10022	Purpose of Disbursement PAYROLL	Amount of Each Disbursement this Period 2000.00
Candidate Name	Category/ Type	
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. EVENT STRATEGIES		Date of Disbursement MM / DD / YYYY 01 / 04 / 2016
Mailing Address 4416 WHEELER AVE.		Transaction ID : SB23.288981
City ALEXANDRIA	State VA	
Zip Code 22304	Purpose of Disbursement EVENT STAGING EXPENSE	Amount of Each Disbursement this Period 17600.00
Candidate Name	Category/ Type	
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. EVENT STRATEGIES, INC.		Date of Disbursement MM / DD / YYYY 01 / 22 / 2016
Mailing Address 4416 WHEELER AVENUE		Transaction ID : SB23.288983
City ALEXANDRIA	State VA	
Zip Code 22304	Purpose of Disbursement EVENT STAGING EXPENSE	Amount of Each Disbursement this Period 17700.00
Candidate Name	Category/ Type	
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)..... 37300.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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<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)
DONALD J. TRUMP FOR PRESIDENT, INC.

Full Name (Last, First, Middle Initial) A. EVENT STRATEGIES, INC.		Date of Disbursement MM / DD / YYYY 01 / 31 / 2016
Mailing Address 4416 WHEELER AVENUE		Transaction ID : SB23.288984
City ALEXANDRIA	State VA	
Purpose of Disbursement EVENT STAGING EXPENSE	Candidate Name	Amount of Each Disbursement this Period 38400.00
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. EXTERNAL AFFAIRS, INC.		Date of Disbursement MM / DD / YYYY 01 / 12 / 2016
Mailing Address 305 W 114TH ST 3A		Transaction ID : SB23.288955
City NEW YORK	State NY	
Purpose of Disbursement DIGITAL CONSULTING	Candidate Name	Amount of Each Disbursement this Period 24392.69
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. FACEBOOK		Date of Disbursement MM / DD / YYYY 12 / 04 / 2015
Mailing Address 1 HACKER WAY		Transaction ID : SB23.289631
City MENLO PARK	State CA	
Purpose of Disbursement PLACED MEDIA [AMEX: SB23.288951]	Candidate Name	Amount of Each Disbursement this Period 249.86
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)..... 62792.69

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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FOR LINE NUMBER:
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<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)
DONALD J. TRUMP FOR PRESIDENT, INC.

Full Name (Last, First, Middle Initial) A. FACEBOOK		Date of Disbursement MM / DD / YYYY 12 / 09 / 2015
Mailing Address 1 HACKER WAY		Transaction ID : SB23.289792
City MENLO PARK	State CA	
Purpose of Disbursement PLACED MEDIA [AMEX: SB23.288951]		Amount of Each Disbursement this Period 751.97
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State:	District:	

Full Name (Last, First, Middle Initial) B. FACEBOOK		Date of Disbursement MM / DD / YYYY 12 / 09 / 2015
Mailing Address 1 HACKER WAY		Transaction ID : SB23.289793
City MENLO PARK	State CA	
Purpose of Disbursement PLACED MEDIA [AMEX: SB23.288951]		Amount of Each Disbursement this Period 752.24
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State:	District:	

Full Name (Last, First, Middle Initial) C. FACEBOOK		Date of Disbursement MM / DD / YYYY 12 / 09 / 2015
Mailing Address 1 HACKER WAY		Transaction ID : SB23.289797
City MENLO PARK	State CA	
Purpose of Disbursement PLACED MEDIA [AMEX: SB23.288951]		Amount of Each Disbursement this Period 753.00
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State:	District:	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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 27b 28a 28b 28c 29

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NAME OF COMMITTEE (In Full)
DONALD J. TRUMP FOR PRESIDENT, INC.

Full Name (Last, First, Middle Initial) A. FACEBOOK		Date of Disbursement MM / DD / YYYY 12 / 10 / 2015
Mailing Address 1 HACKER WAY		Transaction ID : SB23.289783
City MENLO PARK	State CA	
Purpose of Disbursement PLACED MEDIA [AMEX: SB23.288951]		Amount of Each Disbursement this Period 751.00
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. FACEBOOK		Date of Disbursement MM / DD / YYYY 12 / 10 / 2015
Mailing Address 1 HACKER WAY		Transaction ID : SB23.289787
City MENLO PARK	State CA	
Purpose of Disbursement PLACED MEDIA [AMEX: SB23.288951]		Amount of Each Disbursement this Period 751.26
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) C. FACEBOOK		Date of Disbursement MM / DD / YYYY 12 / 11 / 2015
Mailing Address 1 HACKER WAY		Transaction ID : SB23.289778
City MENLO PARK	State CA	
Purpose of Disbursement PLACED MEDIA [AMEX: SB23.288951]		Amount of Each Disbursement this Period 750.46
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State: District:		

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)
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<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)
DONALD J. TRUMP FOR PRESIDENT, INC.

Full Name (Last, First, Middle Initial) A. FACEBOOK		Date of Disbursement MM / DD / YYYY 12 / 11 / 2015
Mailing Address 1 HACKER WAY		Transaction ID : SB23.289781
City MENLO PARK	State CA	
Purpose of Disbursement PLACED MEDIA [AMEX: SB23.288951]		Amount of Each Disbursement this Period 750.70
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State:	District:	

Full Name (Last, First, Middle Initial) B. FACEBOOK		Date of Disbursement MM / DD / YYYY 12 / 11 / 2015
Mailing Address 1 HACKER WAY		Transaction ID : SB23.289795
City MENLO PARK	State CA	
Purpose of Disbursement PLACED MEDIA [AMEX: SB23.288951]		Amount of Each Disbursement this Period 752.40
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State:	District:	

Full Name (Last, First, Middle Initial) C. FACEBOOK		Date of Disbursement MM / DD / YYYY 12 / 12 / 2015
Mailing Address 1 HACKER WAY		Transaction ID : SB23.289777
City MENLO PARK	State CA	
Purpose of Disbursement PLACED MEDIA [AMEX: SB23.288951]		Amount of Each Disbursement this Period 750.44
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State:	District:	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
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<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)
DONALD J. TRUMP FOR PRESIDENT, INC.

Full Name (Last, First, Middle Initial) A. FACEBOOK		Date of Disbursement MM / DD / YYYY 12 / 12 / 2015
Mailing Address 1 HACKER WAY		Transaction ID : SB23.289779
City MENLO PARK	State CA	
Purpose of Disbursement PLACED MEDIA [AMEX: SB23.288951]		Amount of Each Disbursement this Period 750.58
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State:	District:	

Full Name (Last, First, Middle Initial) B. FACEBOOK		Date of Disbursement MM / DD / YYYY 12 / 12 / 2015
Mailing Address 1 HACKER WAY		Transaction ID : SB23.289782
City MENLO PARK	State CA	
Purpose of Disbursement PLACED MEDIA [AMEX: SB23.288951]		Amount of Each Disbursement this Period 750.97
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State:	District:	

Full Name (Last, First, Middle Initial) C. FACEBOOK		Date of Disbursement MM / DD / YYYY 12 / 12 / 2015
Mailing Address 1 HACKER WAY		Transaction ID : SB23.289790
City MENLO PARK	State CA	
Purpose of Disbursement PLACED MEDIA [AMEX: SB23.288951]		Amount of Each Disbursement this Period 751.56
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State:	District:	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
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<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)
DONALD J. TRUMP FOR PRESIDENT, INC.

Full Name (Last, First, Middle Initial) A. FACEBOOK		Date of Disbursement M M / D D / Y Y Y Y 12 / 13 / 2015
Mailing Address 1 HACKER WAY		Transaction ID : SB23.289780
City MENLO PARK	State CA	
Purpose of Disbursement PLACED MEDIA [AMEX: SB23.288951]		Amount of Each Disbursement this Period 750.61
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State:	District:	

Full Name (Last, First, Middle Initial) B. FACEBOOK		Date of Disbursement M M / D D / Y Y Y Y 12 / 15 / 2015
Mailing Address 1 HACKER WAY		Transaction ID : SB23.289796
City MENLO PARK	State CA	
Purpose of Disbursement PLACED MEDIA [AMEX: SB23.288951]		Amount of Each Disbursement this Period 752.56
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State:	District:	

Full Name (Last, First, Middle Initial) C. FACEBOOK		Date of Disbursement M M / D D / Y Y Y Y 12 / 16 / 2015
Mailing Address 1 HACKER WAY		Transaction ID : SB23.289772
City MENLO PARK	State CA	
Purpose of Disbursement PLACED MEDIA [AMEX: SB23.288951]		Amount of Each Disbursement this Period 750.11
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State:	District:	

Subtotal Of Receipts This Page (optional)..... 0.00

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**SCHEDULE B-P
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NAME OF COMMITTEE (In Full)
DONALD J. TRUMP FOR PRESIDENT, INC.

Full Name (Last, First, Middle Initial) A. FACEBOOK		Date of Disbursement MM / DD / YYYY 12 / 16 / 2015
Mailing Address 1 HACKER WAY		Transaction ID : SB23.289788
City MENLO PARK	State CA	
Zip Code 94025	Purpose of Disbursement PLACED MEDIA [AMEX: SB23.288951]	Amount of Each Disbursement this Period 751.32
Candidate Name	Category/ Type	[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. FACEBOOK		Date of Disbursement MM / DD / YYYY 12 / 18 / 2015
Mailing Address 1 HACKER WAY		Transaction ID : SB23.289773
City MENLO PARK	State CA	
Zip Code 94025	Purpose of Disbursement PLACED MEDIA [AMEX: SB23.288951]	Amount of Each Disbursement this Period 750.12
Candidate Name	Category/ Type	[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. FACEBOOK		Date of Disbursement MM / DD / YYYY 12 / 22 / 2015
Mailing Address 1 HACKER WAY		Transaction ID : SB23.289771
City MENLO PARK	State CA	
Zip Code 94025	Purpose of Disbursement PLACED MEDIA [AMEX: SB23.288951]	Amount of Each Disbursement this Period 750.08
Candidate Name	Category/ Type	[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)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
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NAME OF COMMITTEE (In Full)
DONALD J. TRUMP FOR PRESIDENT, INC.

Full Name (Last, First, Middle Initial) A. FACEBOOK		Date of Disbursement M M / D D / Y Y Y Y 12 / 23 / 2015
Mailing Address 1 HACKER WAY		Transaction ID : SB23.289774
City MENLO PARK	State CA	
Purpose of Disbursement PLACED MEDIA [AMEX: SB23.288951]		Amount of Each Disbursement this Period 750.12
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State:	District:	

Full Name (Last, First, Middle Initial) B. FACEBOOK		Date of Disbursement M M / D D / Y Y Y Y 12 / 23 / 2015
Mailing Address 1 HACKER WAY		Transaction ID : SB23.289789
City MENLO PARK	State CA	
Purpose of Disbursement PLACED MEDIA [AMEX: SB23.288951]		Amount of Each Disbursement this Period 751.42
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State:	District:	

Full Name (Last, First, Middle Initial) C. FACEBOOK		Date of Disbursement M M / D D / Y Y Y Y 12 / 24 / 2015
Mailing Address 1 HACKER WAY		Transaction ID : SB23.289775
City MENLO PARK	State CA	
Purpose of Disbursement PLACED MEDIA [AMEX: SB23.288951]		Amount of Each Disbursement this Period 750.18
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State:	District:	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
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NAME OF COMMITTEE (In Full)
DONALD J. TRUMP FOR PRESIDENT, INC.

Full Name (Last, First, Middle Initial) A. FACEBOOK		Date of Disbursement MM / DD / YYYY 12 / 24 / 2015
Mailing Address 1 HACKER WAY		Transaction ID : SB23.289776
City MENLO PARK	State CA	
Purpose of Disbursement PLACED MEDIA [AMEX: SB23.288951]		Amount of Each Disbursement this Period 750.28
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State:	District:	

Full Name (Last, First, Middle Initial) B. FACEBOOK		Date of Disbursement MM / DD / YYYY 12 / 24 / 2015
Mailing Address 1 HACKER WAY		Transaction ID : SB23.289791
City MENLO PARK	State CA	
Purpose of Disbursement PLACED MEDIA [AMEX: SB23.288951]		Amount of Each Disbursement this Period 751.87
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State:	District:	

Full Name (Last, First, Middle Initial) C. FACEBOOK		Date of Disbursement MM / DD / YYYY 12 / 24 / 2015
Mailing Address 1 HACKER WAY		Transaction ID : SB23.289794
City MENLO PARK	State CA	
Purpose of Disbursement PLACED MEDIA [AMEX: SB23.288951]		Amount of Each Disbursement this Period 752.29
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State:	District:	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
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<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)
DONALD J. TRUMP FOR PRESIDENT, INC.

Full Name (Last, First, Middle Initial) A. FACEBOOK		Date of Disbursement M M / D D / Y Y Y Y 12 / 25 / 2015
Mailing Address 1 HACKER WAY		Transaction ID : SB23.289784
City MENLO PARK	State CA	
Purpose of Disbursement PLACED MEDIA [AMEX: SB23.288951]		Amount of Each Disbursement this Period 751.00
Candidate Name		[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. FACEBOOK		Date of Disbursement M M / D D / Y Y Y Y 12 / 27 / 2015
Mailing Address 1 HACKER WAY		Transaction ID : SB23.289808
City MENLO PARK	State CA	
Purpose of Disbursement PLACED MEDIA [AMEX: SB23.288951]		Amount of Each Disbursement this Period 887.31
Candidate Name		[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. FARMINGTON SCHOOL DISTRICT		Date of Disbursement M M / D D / Y Y Y Y 01 / 20 / 2016
Mailing Address 60 CHARLES STREET		Transaction ID : SB23.289030
City FARMINGTON	State NH	
Purpose of Disbursement FACILITY RENTAL		Amount of Each Disbursement this Period 2000.00
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Subtotal Of Receipts This Page (optional)..... 2000.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
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<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)
DONALD J. TRUMP FOR PRESIDENT, INC.

Full Name (Last, First, Middle Initial) A. FAST LANE PRODUCTIONS		Date of Disbursement MM / DD / YYYY 01 / 12 / 2016
Mailing Address 7 RIVERDALE RD.		Transaction ID : SB23.288985
City BILLERICA	State MA	
Zip Code 01821	Purpose of Disbursement EVENT STAGING EXPENSE	Amount of Each Disbursement this Period 18600.00
Candidate Name	Category/ Type	
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. FAST LANE PRODUCTIONS		Date of Disbursement MM / DD / YYYY 01 / 31 / 2016
Mailing Address 7 RIVERDALE RD.		Transaction ID : SB23.288986
City BILLERICA	State MA	
Zip Code 01821	Purpose of Disbursement EVENT STAGING EXPENSE	Amount of Each Disbursement this Period 35500.00
Candidate Name	Category/ Type	
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. FEDEX		Date of Disbursement MM / DD / YYYY 12 / 05 / 2015
Mailing Address 942 S SHADY GROVE RD		Transaction ID : SB23.289651
City MEMPHIS	State TN	
Zip Code 38119	Purpose of Disbursement DELIVERY SERVICES [AMEX: SB23.288951]	Amount of Each Disbursement this Period 274.02
Candidate Name	Category/ Type	
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)..... 54100.00

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 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)

DONALD J. TRUMP FOR PRESIDENT, INC.

Full Name (Last, First, Middle Initial) A. FEDEX		Date of Disbursement M M / D D / Y Y Y Y 12 / 05 / 2015	
Mailing Address 942 S SHADY GROVE RD		Transaction ID : SB23.289800	
City MEMPHIS State TN Zip Code 38119	Purpose of Disbursement DELIVERY SERVICES [AMEX: SB23.288951]	Amount of Each Disbursement this Period 762.31	
Candidate Name	Category/Type	[MEMO ITEM]	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President 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. FEDEX		Date of Disbursement M M / D D / Y Y Y Y 12 / 10 / 2015	
Mailing Address 942 S SHADY GROVE RD		Transaction ID : SB23.289610	
City MEMPHIS State TN Zip Code 38119	Purpose of Disbursement DELIVERY SERVICES [AMEX: SB23.288951]	Amount of Each Disbursement this Period 214.67	
Candidate Name	Category/Type	[MEMO ITEM]	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President 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. FEDEX		Date of Disbursement M M / D D / Y Y Y Y 12 / 12 / 2015	
Mailing Address 942 S SHADY GROVE RD		Transaction ID : SB23.289700	
City MEMPHIS State TN Zip Code 38119	Purpose of Disbursement DELIVERY SERVICES [AMEX: SB23.288951]	Amount of Each Disbursement this Period 377.12	
Candidate Name	Category/Type	[MEMO ITEM]	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President 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)..... 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)
DONALD J. TRUMP FOR PRESIDENT, INC.

Full Name (Last, First, Middle Initial) A. FEDEX		Date of Disbursement MM / DD / YYYY 12 / 20 / 2015
Mailing Address 942 S SHADY GROVE RD		Transaction ID : SB23.289613
City MEMPHIS	State TN	
Purpose of Disbursement DELIVERY SERVICES [AMEX: SB23.288951]		Amount of Each Disbursement this Period 223.53
Candidate Name		[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. FLETCHER FITZPATRICK		Date of Disbursement MM / DD / YYYY 01 / 14 / 2016
Mailing Address 725 5TH AVENUE		Transaction ID : SB23.289275
City NEW YORK	State NY	
Purpose of Disbursement PAYROLL		Amount of Each Disbursement this Period 865.20
Candidate Name		[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. FLETCHER FITZPATRICK		Date of Disbursement MM / DD / YYYY 01 / 29 / 2016
Mailing Address 725 5TH AVENUE		Transaction ID : SB23.289356
City NEW YORK	State NY	
Purpose of Disbursement PAYROLL		Amount of Each Disbursement this Period 1875.00
Candidate Name		[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)..... 2740.20

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)
DONALD J. TRUMP FOR PRESIDENT, INC.

Full Name (Last, First, Middle Initial) A. FLAGS UNLIMITED		Date of Disbursement MM / DD / YYYY 12 / 11 / 2015
Mailing Address 8945 DEAN MARTIN DR		Transaction ID : SB23.289728
City LAS VEGAS	State NV	
Purpose of Disbursement CAMPAIGN PROMOTIONAL ITEMS [AMEX: SB23.288951]	Zip Code 89139	Amount of Each Disbursement this Period 473.48
Candidate Name	Category/ Type	[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. ROBIN FLENNIKEN		Date of Disbursement MM / DD / YYYY 01 / 14 / 2016
Mailing Address 725 5TH AVENUE		Transaction ID : SB23.289276
City NEW YORK	State NY	
Purpose of Disbursement PAYROLL	Zip Code 10022	Amount of Each Disbursement this Period 2000.00
Candidate Name	Category/ Type	
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. ROBIN FLENNIKEN		Date of Disbursement MM / DD / YYYY 01 / 29 / 2016
Mailing Address 725 5TH AVENUE		Transaction ID : SB23.289357
City NEW YORK	State NY	
Purpose of Disbursement PAYROLL	Zip Code 10022	Amount of Each Disbursement this Period 2000.00
Candidate Name	Category/ Type	
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 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)
DONALD J. TRUMP FOR PRESIDENT, INC.

Full Name (Last, First, Middle Initial) A. FLORENCE CIVIC CENTER		Date of Disbursement MM / DD / YYYY 01 / 15 / 2016
Mailing Address 3300 W. RADIO DRIVE		Transaction ID : SB23.289032
City FLORENCE State SC Zip Code 29501	Amount of Each Disbursement this Period 5000.00	
Purpose of Disbursement FACILITY RENTAL	Candidate Name	Category/Type
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. FLORIDA WEST COAST INC		Date of Disbursement MM / DD / YYYY 11 / 30 / 2015
Mailing Address 1099 ENTERPRISE CT		Transaction ID : SB23.289744
City NOKOMIS State FL Zip Code 34275	Amount of Each Disbursement this Period 523.50	
Purpose of Disbursement RENT & UTILITIES [AMEX: SB23.288951]	Candidate Name	Category/Type
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:		[MEMO ITEM]

Full Name (Last, First, Middle Initial) C. FLYNN CENTER FOR THE PERFORMING ARTS		Date of Disbursement MM / DD / YYYY 01 / 06 / 2016
Mailing Address 153 MAIN ST		Transaction ID : SB23.289034
City BURLINGTON State VT Zip Code 05401	Amount of Each Disbursement this Period 14517.50	
Purpose of Disbursement FACILITY RENTAL	Candidate Name	Category/Type
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)..... 19517.50

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

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 27b 28a 28b 28c 29

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NAME OF COMMITTEE (In Full)
DONALD J. TRUMP FOR PRESIDENT, INC.

Full Name (Last, First, Middle Initial) A. HEATHER FOX		Date of Disbursement MM / DD / YYYY 01 / 06 / 2016
Mailing Address 725 5TH AVENUE		Transaction ID : SB23.289247
City NEW YORK	State NY	
Zip Code 10022	Purpose of Disbursement PAYROLL	Amount of Each Disbursement this Period 1250.00
Candidate Name	Category/ Type	
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. HEATHER FOX		Date of Disbursement MM / DD / YYYY 01 / 14 / 2016
Mailing Address 725 5TH AVENUE		Transaction ID : SB23.289277
City NEW YORK	State NY	
Zip Code 10022	Purpose of Disbursement PAYROLL	Amount of Each Disbursement this Period 1250.00
Candidate Name	Category/ Type	
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. HEATHER FOX		Date of Disbursement MM / DD / YYYY 01 / 29 / 2016
Mailing Address 725 5TH AVENUE		Transaction ID : SB23.289360
City NEW YORK	State NY	
Zip Code 10022	Purpose of Disbursement PAYROLL	Amount of Each Disbursement this Period 1250.00
Candidate Name	Category/ Type	
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)..... 3750.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)

DONALD J. TRUMP FOR PRESIDENT, INC.

Full Name (Last, First, Middle Initial)

A. FRED RICCI TOOL CO., INC.

Mailing Address 165 DYERVILLE AVE SUITE 2

City JOHNSTON State RI Zip Code 02919

Purpose of Disbursement
PRINTING AND DESIGN SERVICES

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
01 / 12 / 2016

Transaction ID : SB23.289450

Amount of Each Disbursement this Period

6700.00

Full Name (Last, First, Middle Initial)

B. JOSEPH FREEMAN

Mailing Address 725 5TH AVENUE

City NEW YORK State NY Zip Code 10022

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
01 / 14 / 2016

Transaction ID : SB23.289278

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. JOSEPH FREEMAN

Mailing Address 725 5TH AVENUE

City NEW YORK State NY Zip Code 10022

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
01 / 29 / 2016

Transaction ID : SB23.289361

Amount of Each Disbursement this Period

1000.00

Subtotal Of Receipts This Page (optional)..... 8700.00

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:
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23 24 25 26 27a
 27b 28a 28b 28c 29

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NAME OF COMMITTEE (In Full)
DONALD J. TRUMP FOR PRESIDENT, INC.

A. JOSEPH FREEMAN

Full Name (Last, First, Middle Initial)
Mailing Address 725 5TH AVENUE

City NEW YORK State NY Zip Code 10022

Purpose of Disbursement TRAVEL EXPENSE REIMBURSEMENT: ITEMIZATION BELOW IF REQUIRED
Candidate Name

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼

State: District:

Date of Disbursement: MM / DD / YYYY
01 / 30 / 2016

Transaction ID : SB23.289561

Amount of Each Disbursement this Period: 448.08

Category/Type: 101

B. JOSEPH FREEMAN

Full Name (Last, First, Middle Initial)
Mailing Address 725 5TH AVENUE

City NEW YORK State NY Zip Code 10022

Purpose of Disbursement TRAVEL: MILEAGE [FREEMAN: SB23.289561]
Candidate Name

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼

State: District:

Date of Disbursement: MM / DD / YYYY
01 / 30 / 2016

Transaction ID : SB23.289898

Amount of Each Disbursement this Period: 297.27

Category/Type:

[MEMO ITEM]

C. FRONTIER AIRLINES

Full Name (Last, First, Middle Initial)
Mailing Address 7001 TOWER RD

City DENVER State CO Zip Code 80249

Purpose of Disbursement TRAVEL: AIR [AMEX: SB23.288951]
Candidate Name

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼

State: District:

Date of Disbursement: MM / DD / YYYY
12 / 28 / 2015

Transaction ID : SB23.289622

Amount of Each Disbursement this Period: 232.00

Category/Type:

[MEMO ITEM]

Subtotal Of Receipts This Page (optional)..... 448.08

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
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<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)
DONALD J. TRUMP FOR PRESIDENT, INC.

Full Name (Last, First, Middle Initial) A. CHRISTOPHER GALDES		Date of Disbursement MM / DD / YYYY 01 / 29 / 2016
Mailing Address 725 5TH AVENUE		Transaction ID : SB23.289363
City NEW YORK	State NY	
Zip Code 10022	Purpose of Disbursement PAYROLL	Amount of Each Disbursement this Period 2738.56
Candidate Name	Category/ Type	
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. GEECHEE COMMUNICATIONS, LLC		Date of Disbursement MM / DD / YYYY 01 / 12 / 2016
Mailing Address 2401 DANIEL ISLAND DRIVE		Transaction ID : SB23.289521
City CHARLESTON	State SC	
Zip Code 29492	Purpose of Disbursement STRATEGY CONSULTING	Amount of Each Disbursement this Period 25294.40
Candidate Name	Category/ Type	
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. GEECHEE COMMUNICATIONS, LLC		Date of Disbursement MM / DD / YYYY 01 / 31 / 2016
Mailing Address 2401 DANIEL ISLAND DRIVE		Transaction ID : SB23.289522
City CHARLESTON	State SC	
Zip Code 29492	Purpose of Disbursement STRATEGY CONSULTING	Amount of Each Disbursement this Period 25802.06
Candidate Name	Category/ Type	
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)..... 53835.02

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
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FOR LINE NUMBER:
(check only one)

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<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)
DONALD J. TRUMP FOR PRESIDENT, INC.

Full Name (Last, First, Middle Initial) A. GENX CONSULTING		Date of Disbursement MM / DD / YYYY 01 / 05 / 2016
Mailing Address 106 MAIN STREET #202		Transaction ID : SB23.289097
City WAYLAND State MA Zip Code 01778	Amount of Each Disbursement this Period 8486.92	
Purpose of Disbursement FIELD CONSULTING	Candidate Name	Category/ Type
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. GENX CONSULTING		Date of Disbursement MM / DD / YYYY 01 / 31 / 2016
Mailing Address 106 MAIN STREET #202		Transaction ID : SB23.289098
City WAYLAND State MA Zip Code 01778	Amount of Each Disbursement this Period 9841.53	
Purpose of Disbursement FIELD CONSULTING	Candidate Name	Category/ Type
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. ANDREW GEORGEVITS		Date of Disbursement MM / DD / YYYY 01 / 21 / 2016
Mailing Address 481 MOUNTAIN RD.		Transaction ID : SB23.289117
City CONCORD State NH Zip Code 03301	Amount of Each Disbursement this Period 27414.12	
Purpose of Disbursement FIELD CONSULTING	Candidate Name	Category/ Type
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)..... 45742.57

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)
DONALD J. TRUMP FOR PRESIDENT, INC.

A. ANDREW GEORGEVITS

Full Name (Last, First, Middle Initial)

Mailing Address 725 FIFTH AVENUE

City NEW YORK State NY Zip Code 10022

Purpose of Disbursement PAYROLL

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify) ▼

State: District:

Date of Disbursement: 01 / 21 / 2016

Transaction ID : SB23.289224

Amount of Each Disbursement this Period: 1453.92

Category/Type

B. GILES-PARSCALE

Full Name (Last, First, Middle Initial)

Mailing Address 321 6TH STREET

City SAN ANTONIO State TX Zip Code 78215

Purpose of Disbursement WEBSITE DEVELOPMENT/DIGITAL CONSULTING

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify) ▼

State: District:

Date of Disbursement: 01 / 05 / 2016

Transaction ID : SB23.289601

Amount of Each Disbursement this Period: 4905.61

Category/Type

C. GILES-PARSCALE

Full Name (Last, First, Middle Initial)

Mailing Address 321 6TH STREET

City SAN ANTONIO State TX Zip Code 78215

Purpose of Disbursement WEBSITE DEVELOPMENT/DIGITAL CONSULTING

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify) ▼

State: District:

Date of Disbursement: 01 / 30 / 2016

Transaction ID : SB23.289602

Amount of Each Disbursement this Period: 55311.65

Category/Type

Subtotal Of Receipts This Page (optional)..... 61671.18

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)
DONALD J. TRUMP FOR PRESIDENT, INC.

Full Name (Last, First, Middle Initial) A. MICHAEL GLASSNER		Date of Disbursement MM / DD / YYYY 01 / 14 / 2016
Mailing Address 725 5TH AVENUE		Transaction ID : SB23.289280
City NEW YORK	State NY	
Purpose of Disbursement PAYROLL	Candidate Name	Amount of Each Disbursement this Period 10000.00
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. MICHAEL GLASSNER		Date of Disbursement MM / DD / YYYY 01 / 29 / 2016
Mailing Address 725 5TH AVENUE		Transaction ID : SB23.289364
City NEW YORK	State NY	
Purpose of Disbursement PAYROLL	Candidate Name	Amount of Each Disbursement this Period 10000.00
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. GL MANAGEMENT GROUP, INC.		Date of Disbursement MM / DD / YYYY 01 / 04 / 2016
Mailing Address 2800 COYLE ST. SUITE #703		Transaction ID : SB23.288898
City BROOKLYN	State NY	
Purpose of Disbursement ADMINISTRATIVE CONSULTING	Candidate Name	Amount of Each Disbursement this Period 2800.00
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)..... 22800.00

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 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)
DONALD J. TRUMP FOR PRESIDENT, INC.

Full Name (Last, First, Middle Initial) A. GL MANAGEMENT GROUP, INC.		Date of Disbursement MM / DD / YYYY 01 / 31 / 2016
Mailing Address 2800 COYLE ST. SUITE #703		Transaction ID : SB23.288899
City BROOKLYN	State NY	
Zip Code 11235	Purpose of Disbursement ADMINISTRATIVE CONSULTING	Amount of Each Disbursement this Period 2800.00
Candidate Name	Category/ Type	
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. GLOBAL INTERMEDIATE LLC		Date of Disbursement MM / DD / YYYY 01 / 22 / 2016
Mailing Address 6601 WESTOWNPKWY., SUITE 240		Transaction ID : SB23.288956
City WEST DES MOINES	State IA	
Zip Code 50266	Purpose of Disbursement DIRECT MAIL PRINTING AND POSTAGE	Amount of Each Disbursement this Period 99960.95
Candidate Name	Category/ Type	
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. GLOBAL INTERMEDIATE LLC		Date of Disbursement MM / DD / YYYY 01 / 31 / 2016
Mailing Address 6601 WESTOWNPKWY., SUITE 240		Transaction ID : SB23.289451
City WEST DES MOINES	State IA	
Zip Code 50266	Purpose of Disbursement PRINTING AND DESIGN SERVICES	Amount of Each Disbursement this Period 2650.00
Candidate Name	Category/ Type	
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)..... 105410.95

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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Detailed Summary Page

FOR LINE NUMBER:
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<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)
DONALD J. TRUMP FOR PRESIDENT, INC.

Full Name (Last, First, Middle Initial) A. GLOBAL SPECTRUM, LP		Date of Disbursement MM / DD / YYYY 01 / 31 / 2016
Mailing Address 471 UNIVERSITY PARKWAY, BOX 12		Transaction ID : SB23.289035
City AIKEN State SC Zip Code 29801	Amount of Each Disbursement this Period 951.08	
Purpose of Disbursement FACILITY RENTAL	Candidate Name	Category/ Type
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. TANA GOERTZ		Date of Disbursement MM / DD / YYYY 01 / 07 / 2016
Mailing Address 9374 KINGMAN DRIVE		Transaction ID : SB23.289134
City WEST DES MOINES State IA Zip Code 50266	Amount of Each Disbursement this Period 6201.30	
Purpose of Disbursement FIELD CONSULTING	Candidate Name	Category/ Type
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. GREATER COLUMBUS CONVENTION CENTER		Date of Disbursement MM / DD / YYYY 01 / 06 / 2016
Mailing Address 400 NORTH HIGH STREET		Transaction ID : SB23.289036
City COLUMBUS State OH Zip Code 43215	Amount of Each Disbursement this Period 1430.00	
Purpose of Disbursement FACILITY RENTAL	Candidate Name	Category/ Type
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)..... 8582.38

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 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)
DONALD J. TRUMP FOR PRESIDENT, INC.

Full Name (Last, First, Middle Initial) A. GREATER COLUMBUS CONVENTION CENTER		Date of Disbursement MM / DD / YYYY 01 / 30 / 2016
Mailing Address 400 NORTH HIGH STREET		Transaction ID : SB23.289037
City COLUMBUS	State OH Zip Code 43215	
Purpose of Disbursement FACILITY RENTAL	Candidate Name	Amount of Each Disbursement this Period 2059.38
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. ELIZABETH GREEN		Date of Disbursement MM / DD / YYYY 01 / 29 / 2016
Mailing Address 725 5TH AVENUE		Transaction ID : SB23.289366
City NEW YORK	State NY Zip Code 10022	
Purpose of Disbursement PAYROLL	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. GREEN MONSTER CONSULTING, LLC		Date of Disbursement MM / DD / YYYY 01 / 04 / 2016
Mailing Address PO BOX 1492		Transaction ID : SB23.289523
City SALEM	State NH Zip Code 03079	
Purpose of Disbursement STRATEGY CONSULTING	Candidate Name	Amount of Each Disbursement this Period 20000.00
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)..... 23059.38

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
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NAME OF COMMITTEE (In Full)
DONALD J. TRUMP FOR PRESIDENT, INC.

Full Name (Last, First, Middle Initial) A. GREEN MONSTER CONSULTING, LLC		Date of Disbursement MM / DD / YYYY 01 / 31 / 2016
Mailing Address PO BOX 1492		Transaction ID : SB23.289524
City SALEM	State NH	
Zip Code 03079	Purpose of Disbursement STRATEGY CONSULTING	Amount of Each Disbursement this Period 20000.00
Candidate Name	Category/Type	
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. GREYLOCK INFORMATION TECHNOLOGIES, INC		Date of Disbursement MM / DD / YYYY 01 / 31 / 2016
Mailing Address 40 OAK ST		Transaction ID : SB23.289193
City LUDLOW	State MA	
Zip Code 01056	Purpose of Disbursement NETWORK SUPPORT	Amount of Each Disbursement this Period 975.49
Candidate Name	Category/Type	
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. STEPHANIE GRISHAM		Date of Disbursement MM / DD / YYYY 01 / 13 / 2016
Mailing Address 1314 S LARKSPUR ST.		Transaction ID : SB23.288946
City GILBERT	State AZ	
Zip Code 85296	Purpose of Disbursement COMMUNICATIONS CONSULTING	Amount of Each Disbursement this Period 617.96
Candidate Name	Category/Type	
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)..... 21593.45

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

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NAME OF COMMITTEE (In Full)
DONALD J. TRUMP FOR PRESIDENT, INC.

Full Name (Last, First, Middle Initial) A. HAMPTON INN		Date of Disbursement MM / DD / YYYY 12 / 22 / 2015
Mailing Address 500 CENTER DRIVE		Transaction ID : SB23.289660
City GRAND RAPIDS	State MI	
Purpose of Disbursement TRAVEL: LODGING [AMEX: SB23.288951]		Amount of Each Disbursement this Period 287.74
Candidate Name		[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. HAMPTON INN		Date of Disbursement MM / DD / YYYY 12 / 23 / 2015
Mailing Address 500 CENTER DRIVE		Transaction ID : SB23.289704
City GRAND RAPIDS	State MI	
Purpose of Disbursement TRAVEL: LODGING [AMEX: SB23.288951]		Amount of Each Disbursement this Period 390.21
Candidate Name		[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. HAMPTON INN		Date of Disbursement MM / DD / YYYY 12 / 23 / 2015
Mailing Address 500 CENTER DRIVE		Transaction ID : SB23.289705
City GRAND RAPIDS	State MI	
Purpose of Disbursement TRAVEL: LODGING [AMEX: SB23.288951]		Amount of Each Disbursement this Period 390.21
Candidate Name		[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)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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<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)
DONALD J. TRUMP FOR PRESIDENT, INC.

Full Name (Last, First, Middle Initial) A. HARMON TREE FARM		Date of Disbursement MM / DD / YYYY 01 / 20 / 2016
Mailing Address 3152 AUGUSTA RD.		Transaction ID : SB23.289041
City GILBERT	State SC	
Purpose of Disbursement FACILITY RENTAL	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. KAYLA HENSLEY		Date of Disbursement MM / DD / YYYY 01 / 14 / 2016
Mailing Address 725 5TH AVENUE		Transaction ID : SB23.289283
City NEW YORK	State NY	
Purpose of Disbursement PAYROLL	Candidate Name	Amount of Each Disbursement this Period 1500.00
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. KAYLA HENSLEY		Date of Disbursement MM / DD / YYYY 01 / 29 / 2016
Mailing Address 725 5TH AVENUE		Transaction ID : SB23.289370
City NEW YORK	State NY	
Purpose of Disbursement PAYROLL	Candidate Name	Amount of Each Disbursement this Period 1500.00
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)..... 6000.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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23 24 25 26 27a
 27b 28a 28b 28c 29

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NAME OF COMMITTEE (In Full)
DONALD J. TRUMP FOR PRESIDENT, INC.

Full Name (Last, First, Middle Initial) A. THERESA HILL		Date of Disbursement MM / DD / YYYY 01 / 31 / 2016
Mailing Address 6334 COLONIAL DRIVE		Transaction ID : SB23.288972
City SARASOTA State FL Zip Code 34231	Amount of Each Disbursement this Period \$ 250.00	
Purpose of Disbursement EVENT CONSULTING	Category/Type 101	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. HILTON GARDEN INN		Date of Disbursement MM / DD / YYYY 12 / 09 / 2015
Mailing Address 300 WINGO WAY		Transaction ID : SB23.289722
City MOUNT PLEASANT State SC Zip Code 29464	Amount of Each Disbursement this Period \$ 464.66	
Purpose of Disbursement TRAVEL: LODGING [AMEX: SB23.288951]	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) C. ALEX HINSON		Date of Disbursement MM / DD / YYYY 01 / 29 / 2016
Mailing Address 725 5TH AVENUE		Transaction ID : SB23.289372
City NEW YORK State NY Zip Code 10022	Amount of Each Disbursement this Period \$ 498.56	
Purpose of Disbursement PAYROLL	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Subtotal Of Receipts This Page (optional)..... → \$ 748.56

Total This Period (last page this line number only)..... →

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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<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)
DONALD J. TRUMP FOR PRESIDENT, INC.

Full Name (Last, First, Middle Initial) A. HOLIDAY INN		Date of Disbursement MM / DD / YYYY 12 / 12 / 2015
Mailing Address 2897 WHISAEY RD		Transaction ID : SB23.289708
City AIKEN	State SC	
Purpose of Disbursement TRAVEL: LODGING [AMEX: SB23.288951]		Amount of Each Disbursement this Period 413.74
Candidate Name		[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. HOLIDAY INN EXPRESS & SUITES		Date of Disbursement MM / DD / YYYY 12 / 05 / 2015
Mailing Address 916 13TH STREET SW		Transaction ID : SB23.289653
City SPENCER	State IA	
Purpose of Disbursement TRAVEL: LODGING [AMEX: SB23.288951]		Amount of Each Disbursement this Period 274.38
Candidate Name		[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. HOLIDAY INN EXPRESS & SUITES		Date of Disbursement MM / DD / YYYY 12 / 05 / 2015
Mailing Address 3741 THISTLEDOWN DR		Transaction ID : SB23.289769
City RALEIGH	State NC	
Purpose of Disbursement TRAVEL: LODGING [AMEX: SB23.288951]		Amount of Each Disbursement this Period 670.81
Candidate Name		[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)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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<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)
DONALD J. TRUMP FOR PRESIDENT, INC.

Full Name (Last, First, Middle Initial) A. HOLIDAY INN MANASSAS B		Date of Disbursement M M / D D / Y Y Y Y 12 / 02 / 2015
Mailing Address 10424 BALLS FORD RD		Transaction ID : SB23.289727
City MANASSAS	State VA	
Purpose of Disbursement TRAVEL: LODGING [AMEX: SB23.288951]		Amount of Each Disbursement this Period 469.32
Candidate Name		[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. ANITRA HORN		Date of Disbursement M M / D D / Y Y Y Y 01 / 14 / 2016
Mailing Address 725 5TH AVENUE		Transaction ID : SB23.289284
City NEW YORK	State NY	
Purpose of Disbursement PAYROLL		Amount of Each Disbursement this Period 1000.00
Candidate Name		[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. ANITRA HORN		Date of Disbursement M M / D D / Y Y Y Y 01 / 29 / 2016
Mailing Address 725 5TH AVENUE		Transaction ID : SB23.289373
City NEW YORK	State NY	
Purpose of Disbursement PAYROLL		Amount of Each Disbursement this Period 1000.00
Candidate Name		[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)..... 2000.00

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)

23 24 25 26 27a
 27b 28a 28b 28c 29

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NAME OF COMMITTEE (In Full)
DONALD J. TRUMP FOR PRESIDENT, INC.

Full Name (Last, First, Middle Initial) A. HOTELS.COM		Date of Disbursement MM / DD / YYYY 11 / 29 / 2015
Mailing Address 5400 LBJ FREEWAY SUITE 500		Transaction ID : SB23.289636
City DALLAS State TX Zip Code 75240	Amount of Each Disbursement this Period 253.12	
Purpose of Disbursement TRAVEL: LODGING [AMEX: SB23.288951]	Category/Type	[MEMO ITEM]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. HOTELS.COM		Date of Disbursement MM / DD / YYYY 11 / 29 / 2015
Mailing Address 5400 LBJ FREEWAY SUITE 500		Transaction ID : SB23.289648
City DALLAS State TX Zip Code 75240	Amount of Each Disbursement this Period 265.34	
Purpose of Disbursement TRAVEL: LODGING [AMEX: SB23.288951]	Category/Type	[MEMO ITEM]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. HOTELS.COM		Date of Disbursement MM / DD / YYYY 11 / 30 / 2015
Mailing Address 5400 LBJ FREEWAY SUITE 500		Transaction ID : SB23.289649
City DALLAS State TX Zip Code 75240	Amount of Each Disbursement this Period 265.34	
Purpose of Disbursement TRAVEL: LODGING [AMEX: SB23.288951]	Category/Type	[MEMO ITEM]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<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)
DONALD J. TRUMP FOR PRESIDENT, INC.

Full Name (Last, First, Middle Initial) A. HOTELS.COM		Date of Disbursement MM / DD / YYYY 12 / 01 / 2015
Mailing Address 5400 LBJ FREEWAY SUITE 500		Transaction ID : SB23.289654
City DALLAS State TX Zip Code 75240	Amount of Each Disbursement this Period 278.88	
Purpose of Disbursement TRAVEL: LODGING [AMEX: SB23.288951]	Category/Type	[MEMO ITEM]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. HOTELS.COM		Date of Disbursement MM / DD / YYYY 12 / 01 / 2015
Mailing Address 5400 LBJ FREEWAY SUITE 500		Transaction ID : SB23.289663
City DALLAS State TX Zip Code 75240	Amount of Each Disbursement this Period 291.22	
Purpose of Disbursement TRAVEL: LODGING [AMEX: SB23.288951]	Category/Type	[MEMO ITEM]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. HOTELS.COM		Date of Disbursement MM / DD / YYYY 12 / 01 / 2015
Mailing Address 5400 LBJ FREEWAY SUITE 500		Transaction ID : SB23.289665
City DALLAS State TX Zip Code 75240	Amount of Each Disbursement this Period 296.62	
Purpose of Disbursement TRAVEL: LODGING [AMEX: SB23.288951]	Category/Type	[MEMO ITEM]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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(check only one)

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<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)
DONALD J. TRUMP FOR PRESIDENT, INC.

Full Name (Last, First, Middle Initial) A. HOTELS.COM		Date of Disbursement MM / DD / YYYY 12 / 01 / 2015
Mailing Address 5400 LBJ FREEWAY SUITE 500		Transaction ID : SB23.289701
City DALLAS State TX Zip Code 75240	Amount of Each Disbursement this Period 384.75	
Purpose of Disbursement TRAVEL: LODGING [AMEX: SB23.288951]	Category/Type	[MEMO ITEM]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. HOTELS.COM		Date of Disbursement MM / DD / YYYY 12 / 01 / 2015
Mailing Address 5400 LBJ FREEWAY SUITE 500		Transaction ID : SB23.289703
City DALLAS State TX Zip Code 75240	Amount of Each Disbursement this Period 389.76	
Purpose of Disbursement TRAVEL: LODGING [AMEX: SB23.288951]	Category/Type	[MEMO ITEM]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. HOTELS.COM		Date of Disbursement MM / DD / YYYY 12 / 01 / 2015
Mailing Address 5400 LBJ FREEWAY SUITE 500		Transaction ID : SB23.289803
City DALLAS State TX Zip Code 75240	Amount of Each Disbursement this Period 803.31	
Purpose of Disbursement TRAVEL: LODGING [AMEX: SB23.288951]	Category/Type	[MEMO ITEM]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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<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)
DONALD J. TRUMP FOR PRESIDENT, INC.

Full Name (Last, First, Middle Initial) A. HOTELS.COM		Date of Disbursement M M / D D / Y Y Y Y 12 / 02 / 2015
Mailing Address 5400 LBJ FREEWAY SUITE 500		Transaction ID : SB23.289612
City DALLAS State TX Zip Code 75240	Amount of Each Disbursement this Period 215.91	
Purpose of Disbursement TRAVEL: LODGING [AMEX: SB23.288951]	Category/Type	[MEMO ITEM]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. HOTELS.COM		Date of Disbursement M M / D D / Y Y Y Y 12 / 03 / 2015
Mailing Address 5400 LBJ FREEWAY SUITE 500		Transaction ID : SB23.289661
City DALLAS State TX Zip Code 75240	Amount of Each Disbursement this Period 288.96	
Purpose of Disbursement TRAVEL: LODGING [AMEX: SB23.288951]	Category/Type	[MEMO ITEM]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. HOTELS.COM		Date of Disbursement M M / D D / Y Y Y Y 12 / 07 / 2015
Mailing Address 5400 LBJ FREEWAY SUITE 500		Transaction ID : SB23.289605
City DALLAS State TX Zip Code 75240	Amount of Each Disbursement this Period 203.15	
Purpose of Disbursement TRAVEL: LODGING [AMEX: SB23.288951]	Category/Type	[MEMO ITEM]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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<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)
DONALD J. TRUMP FOR PRESIDENT, INC.

Full Name (Last, First, Middle Initial) A. HOTELS.COM		Date of Disbursement MM / DD / YYYY 12 / 07 / 2015
Mailing Address 5400 LBJ FREEWAY SUITE 500		Transaction ID : SB23.289696
City DALLAS State TX Zip Code 75240	Purpose of Disbursement TRAVEL: LODGING [AMEX: SB23.288951]	
Candidate Name	Category/Type	Amount of Each Disbursement this Period 369.56
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) ▼	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. HOTELS.COM		Date of Disbursement MM / DD / YYYY 12 / 07 / 2015
Mailing Address 5400 LBJ FREEWAY SUITE 500		Transaction ID : SB23.289697
City DALLAS State TX Zip Code 75240	Purpose of Disbursement TRAVEL: LODGING [AMEX: SB23.288951]	
Candidate Name	Category/Type	Amount of Each Disbursement this Period 369.56
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) ▼	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) C. HOTELS.COM		Date of Disbursement MM / DD / YYYY 12 / 07 / 2015
Mailing Address 5400 LBJ FREEWAY SUITE 500		Transaction ID : SB23.289724
City DALLAS State TX Zip Code 75240	Purpose of Disbursement TRAVEL: LODGING [AMEX: SB23.288951]	
Candidate Name	Category/Type	Amount of Each Disbursement this Period 465.59
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) ▼	[MEMO ITEM]
State: District:		

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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<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)
DONALD J. TRUMP FOR PRESIDENT, INC.

Full Name (Last, First, Middle Initial) A. HOTELS.COM		Date of Disbursement MM / DD / YYYY 12 / 07 / 2015
Mailing Address 5400 LBJ FREEWAY SUITE 500		Transaction ID : SB23.289761
City DALLAS State TX Zip Code 75240	Amount of Each Disbursement this Period 626.86	
Purpose of Disbursement TRAVEL: LODGING [AMEX: SB23.288951]	Category/Type	[MEMO ITEM]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. HOTELS.COM		Date of Disbursement MM / DD / YYYY 12 / 09 / 2015
Mailing Address 5400 LBJ FREEWAY SUITE 500		Transaction ID : SB23.289607
City DALLAS State TX Zip Code 75240	Amount of Each Disbursement this Period 212.56	
Purpose of Disbursement TRAVEL: LODGING [AMEX: SB23.288951]	Category/Type	[MEMO ITEM]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. HOTELS.COM		Date of Disbursement MM / DD / YYYY 12 / 10 / 2015
Mailing Address 5400 LBJ FREEWAY SUITE 500		Transaction ID : SB23.289611
City DALLAS State TX Zip Code 75240	Amount of Each Disbursement this Period 214.73	
Purpose of Disbursement TRAVEL: LODGING [AMEX: SB23.288951]	Category/Type	[MEMO ITEM]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Subtotal Of Receipts This Page (optional)..... 0.00

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**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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<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)
DONALD J. TRUMP FOR PRESIDENT, INC.

Full Name (Last, First, Middle Initial) A. HOTELS.COM		Date of Disbursement MM / DD / YYYY 12 / 14 / 2015
Mailing Address 5400 LBJ FREEWAY SUITE 500		Transaction ID : SB23.289767
City DALLAS State TX Zip Code 75240	Amount of Each Disbursement this Period 665.83	
Purpose of Disbursement TRAVEL: LODGING [AMEX: SB23.288951]	Category/Type	[MEMO ITEM]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

Full Name (Last, First, Middle Initial) B. HOTELS.COM		Date of Disbursement MM / DD / YYYY 12 / 15 / 2015
Mailing Address 5400 LBJ FREEWAY SUITE 500		Transaction ID : SB23.289745
City DALLAS State TX Zip Code 75240	Amount of Each Disbursement this Period 528.18	
Purpose of Disbursement TRAVEL: LODGING [AMEX: SB23.288951]	Category/Type	[MEMO ITEM]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

Full Name (Last, First, Middle Initial) C. HOTELS.COM		Date of Disbursement MM / DD / YYYY 12 / 16 / 2015
Mailing Address 5400 LBJ FREEWAY SUITE 500		Transaction ID : SB23.289694
City DALLAS State TX Zip Code 75240	Amount of Each Disbursement this Period 359.34	
Purpose of Disbursement TRAVEL: LODGING [AMEX: SB23.288951]	Category/Type	[MEMO ITEM]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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<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)
DONALD J. TRUMP FOR PRESIDENT, INC.

Full Name (Last, First, Middle Initial) A. HOTELS.COM		Date of Disbursement MM / DD / YYYY 12 / 17 / 2015
Mailing Address 5400 LBJ FREEWAY SUITE 500		Transaction ID : SB23.289671
City DALLAS State TX Zip Code 75240	Amount of Each Disbursement this Period 310.41	
Purpose of Disbursement TRAVEL: LODGING [AMEX: SB23.288951]	Category/Type	[MEMO ITEM]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

Full Name (Last, First, Middle Initial) B. HOTELS.COM		Date of Disbursement MM / DD / YYYY 12 / 20 / 2015
Mailing Address 5400 LBJ FREEWAY SUITE 500		Transaction ID : SB23.289693
City DALLAS State TX Zip Code 75240	Amount of Each Disbursement this Period 358.25	
Purpose of Disbursement TRAVEL: LODGING [AMEX: SB23.288951]	Category/Type	[MEMO ITEM]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

Full Name (Last, First, Middle Initial) C. HOTELS.COM		Date of Disbursement MM / DD / YYYY 12 / 22 / 2015
Mailing Address 5400 LBJ FREEWAY SUITE 500		Transaction ID : SB23.289692
City DALLAS State TX Zip Code 75240	Amount of Each Disbursement this Period 356.43	
Purpose of Disbursement TRAVEL: LODGING [AMEX: SB23.288951]	Category/Type	[MEMO ITEM]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

Subtotal Of Receipts This Page (optional)..... 0.00

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**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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<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)
DONALD J. TRUMP FOR PRESIDENT, INC.

Full Name (Last, First, Middle Initial) A. HOTELS.COM		Date of Disbursement M M / D D / Y Y Y Y 12 / 27 / 2015
Mailing Address 5400 LBJ FREEWAY SUITE 500		Transaction ID : SB23.289650
City DALLAS State TX Zip Code 75240	Purpose of Disbursement TRAVEL: LODGING [AMEX: SB23.288951]	
Candidate Name	Category/Type	Amount of Each Disbursement this Period 266.56
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) ▼	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. HOTELS.COM		Date of Disbursement M M / D D / Y Y Y Y 12 / 27 / 2015
Mailing Address 5400 LBJ FREEWAY SUITE 500		Transaction ID : SB23.289662
City DALLAS State TX Zip Code 75240	Purpose of Disbursement TRAVEL: LODGING [AMEX: SB23.288951]	
Candidate Name	Category/Type	Amount of Each Disbursement this Period 288.98
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) ▼	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) C. HOTELS.COM		Date of Disbursement M M / D D / Y Y Y Y 12 / 27 / 2015
Mailing Address 5400 LBJ FREEWAY SUITE 500		Transaction ID : SB23.289684
City DALLAS State TX Zip Code 75240	Purpose of Disbursement TRAVEL: LODGING [AMEX: SB23.288951]	
Candidate Name	Category/Type	Amount of Each Disbursement this Period 332.66
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) ▼	[MEMO ITEM]
State: District:		

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)
DONALD J. TRUMP FOR PRESIDENT, INC.

Full Name (Last, First, Middle Initial) A. JOHN HULSIZER		Date of Disbursement MM / DD / YYYY 01 / 07 / 2016
Mailing Address 725 5TH AVENUE		Transaction ID : SB23.289559
City NEW YORK	State NY	
Zip Code 10022	Purpose of Disbursement TRAVEL EXPENSE REIMBURSEMENT: ITEMIZATION BELOW IF REQUIRED	Amount of Each Disbursement this Period 2016.11
Candidate Name	Category/Type 101	
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 HULSIZER		Date of Disbursement MM / DD / YYYY 01 / 07 / 2016
Mailing Address 725 5TH AVENUE		Transaction ID : SB23.289921
City NEW YORK	State NY	
Zip Code 10022	Purpose of Disbursement TRAVEL: MILEAGE [HULSIZER: SB23.289559]	Amount of Each Disbursement this Period 1491.29
Candidate Name	Category/Type 101	[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. JOHN HULSIZER		Date of Disbursement MM / DD / YYYY 01 / 14 / 2016
Mailing Address 725 5TH AVENUE		Transaction ID : SB23.289286
City NEW YORK	State NY	
Zip Code 10022	Purpose of Disbursement PAYROLL	Amount of Each Disbursement this Period 1750.00
Candidate Name	Category/Type	
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)..... 3766.11

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 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)
DONALD J. TRUMP FOR PRESIDENT, INC.

Full Name (Last, First, Middle Initial) A. JOHN HULSIZER		Date of Disbursement MM / DD / YYYY 01 / 29 / 2016
Mailing Address 725 5TH AVENUE		Transaction ID : SB23.289374
City NEW YORK	State NY	
Zip Code 10022	Purpose of Disbursement PAYROLL	Amount of Each Disbursement this Period 1750.00
Candidate Name	Category/ Type	
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. CHRIS HUPKE		Date of Disbursement MM / DD / YYYY 01 / 06 / 2016
Mailing Address PO BOX 313		Transaction ID : SB23.289120
City LARCHWOOD	State IA	
Zip Code 51241	Purpose of Disbursement FIELD CONSULTING	Amount of Each Disbursement this Period 4000.00
Candidate Name	Category/ Type	
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. CHRIS HUPKE		Date of Disbursement MM / DD / YYYY 01 / 21 / 2016
Mailing Address PO BOX 313		Transaction ID : SB23.289122
City LARCHWOOD	State IA	
Zip Code 51241	Purpose of Disbursement FIELD CONSULTING	Amount of Each Disbursement this Period 5469.57
Candidate Name	Category/ Type	
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)..... 11219.57

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 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)
DONALD J. TRUMP FOR PRESIDENT, INC.

Full Name (Last, First, Middle Initial) A. CHRIS HUPKE		Date of Disbursement MM / DD / YYYY 01 / 30 / 2016
Mailing Address PO BOX 313		Transaction ID : SB23.289121
City LARCHWOOD State IA Zip Code 51241	Amount of Each Disbursement this Period 4000.00	
Purpose of Disbursement FIELD CONSULTING	Candidate Name	Category/ Type
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. IDEALOFFICE		Date of Disbursement MM / DD / YYYY 01 / 05 / 2016
Mailing Address 28 PELHAM AVE		Transaction ID : SB23.289196
City METHUEN State MA Zip Code 01844	Amount of Each Disbursement this Period 1048.00	
Purpose of Disbursement OFFICE SUPPLIES	Candidate Name	Category/ Type
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. IDEALOFFICE		Date of Disbursement MM / DD / YYYY 01 / 30 / 2016
Mailing Address 28 PELHAM AVE		Transaction ID : SB23.289195
City METHUEN State MA Zip Code 01844	Amount of Each Disbursement this Period 450.00	
Purpose of Disbursement OFFICE SUPPLIES	Candidate Name	Category/ Type
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)..... 5498.00

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 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)

DONALD J. TRUMP FOR PRESIDENT, INC.

Full Name (Last, First, Middle Initial)

A. INNOVATIVE CONSULTING SERVICES, LLC

Mailing Address 5123 KODIAK COURT

City CHARLOTTE State NC Zip Code 28215

Purpose of Disbursement
FIELD CONSULTING

Candidate Name

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
01		08		2016

Transaction ID : SB23.289101

Amount of Each Disbursement this Period

9432.75

Full Name (Last, First, Middle Initial)

B. INNOVATIVE CONSULTING SERVICES, LLC

Mailing Address 5123 KODIAK COURT

City CHARLOTTE State NC Zip Code 28215

Purpose of Disbursement
FIELD CONSULTING

Candidate Name

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
01		31		2016

Transaction ID : SB23.289102

Amount of Each Disbursement this Period

10007.12

Full Name (Last, First, Middle Initial)

C. INSPERITY

Mailing Address 19001 CRESCENT SPRINGS DRIVE

City KINGWOOD State TX Zip Code 77339

Purpose of Disbursement
PAYROLL TAXES/FEES

Candidate Name

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
01		06		2016

Transaction ID : SB23.289437

Amount of Each Disbursement this Period

3672.72

Subtotal Of Receipts This Page (optional)..... 23112.59

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 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)
DONALD J. TRUMP FOR PRESIDENT, INC.

Full Name (Last, First, Middle Initial) A. INSPERITY		Date of Disbursement MM / DD / YYYY 01 / 07 / 2016
Mailing Address 19001 CRESCENT SPRINGS DRIVE		Transaction ID : SB23.289433
City KINGWOOD State TX Zip Code 77339	Amount of Each Disbursement this Period 643.60	
Purpose of Disbursement PAYROLL TAXES/FEES	Candidate Name	Category/ Type
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. INSPERITY		Date of Disbursement MM / DD / YYYY 01 / 08 / 2016
Mailing Address 19001 CRESCENT SPRINGS DRIVE		Transaction ID : SB23.289431
City KINGWOOD State TX Zip Code 77339	Amount of Each Disbursement this Period 58.51	
Purpose of Disbursement PAYROLL TAXES/FEES	Candidate Name	Category/ Type
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. INSPERITY		Date of Disbursement MM / DD / YYYY 01 / 14 / 2016
Mailing Address 19001 CRESCENT SPRINGS DRIVE		Transaction ID : SB23.289430
City KINGWOOD State TX Zip Code 77339	Amount of Each Disbursement this Period 22.98	
Purpose of Disbursement PAYROLL TAXES/FEES	Candidate Name	Category/ Type
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)..... 725.09

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)

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<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)
DONALD J. TRUMP FOR PRESIDENT, INC.

Full Name (Last, First, Middle Initial) A. INSPERITY		Date of Disbursement MM / DD / YYYY 01 / 14 / 2016
Mailing Address 19001 CRESCENT SPRINGS DRIVE		Transaction ID : SB23.289434
City KINGWOOD State TX Zip Code 77339	Amount of Each Disbursement this Period 223,640.00	
Purpose of Disbursement PAYROLL TAXES/FEES	Candidate Name	Category/ Type
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. INSPERITY		Date of Disbursement MM / DD / YYYY 01 / 14 / 2016
Mailing Address 19001 CRESCENT SPRINGS DRIVE		Transaction ID : SB23.289438
City KINGWOOD State TX Zip Code 77339	Amount of Each Disbursement this Period 27,003.45	
Purpose of Disbursement PAYROLL TAXES/FEES	Candidate Name	Category/ Type
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. INSPERITY		Date of Disbursement MM / DD / YYYY 01 / 19 / 2016
Mailing Address 19001 CRESCENT SPRINGS DRIVE		Transaction ID : SB23.289435
City KINGWOOD State TX Zip Code 77339	Amount of Each Disbursement this Period 21,274.46	
Purpose of Disbursement PAYROLL TAXES/FEES	Candidate Name	Category/ Type
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)..... 298,545.55

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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23 24 25 26 27a
 27b 28a 28b 28c 29

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NAME OF COMMITTEE (In Full)
DONALD J. TRUMP FOR PRESIDENT, INC.

Full Name (Last, First, Middle Initial) A. INSPERITY		Date of Disbursement MM / DD / YYYY 01 / 21 / 2016
Mailing Address 19001 CRESCENT SPRINGS DRIVE		Transaction ID : SB23.289432
City KINGWOOD State TX Zip Code 77339	Amount of Each Disbursement this Period 193.24	
Purpose of Disbursement PAYROLL TAXES/FEES	Candidate Name	Category/ Type
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. INSPERITY		Date of Disbursement MM / DD / YYYY 01 / 21 / 2016
Mailing Address 19001 CRESCENT SPRINGS DRIVE		Transaction ID : SB23.289436
City KINGWOOD State TX Zip Code 77339	Amount of Each Disbursement this Period 2662.57	
Purpose of Disbursement PAYROLL TAXES/FEES	Candidate Name	Category/ Type
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. INSPERITY		Date of Disbursement MM / DD / YYYY 01 / 29 / 2016
Mailing Address 19001 CRESCENT SPRINGS DRIVE		Transaction ID : SB23.289439
City KINGWOOD State TX Zip Code 77339	Amount of Each Disbursement this Period 37887.30	
Purpose of Disbursement PAYROLL TAXES/FEES	Candidate Name	Category/ Type
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)..... 40743.11

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
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<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)
DONALD J. TRUMP FOR PRESIDENT, INC.

Full Name (Last, First, Middle Initial) A. IOWA STATE UNIVERSITY OF SCIENCE AND TECHNOLOGY		Date of Disbursement MM / DD / YYYY 01 / 15 / 2016
Mailing Address 1222 KILDEE HALL, ISU AMES		Transaction ID : SB23.289045
City AMES	State IA	
Purpose of Disbursement FACILITY RENTAL	Candidate Name	Amount of Each Disbursement this Period 1500.00
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 JAGGERS		Date of Disbursement MM / DD / YYYY 01 / 19 / 2016
Mailing Address 725 5TH AVENUE		Transaction ID : SB23.289211
City NEW YORK	State NY	
Purpose of Disbursement PAYROLL	Candidate Name	Amount of Each Disbursement this Period 1250.00
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. JOHN JAGGERS		Date of Disbursement MM / DD / YYYY 01 / 29 / 2016
Mailing Address 725 5TH AVENUE		Transaction ID : SB23.289375
City NEW YORK	State NY	
Purpose of Disbursement PAYROLL	Candidate Name	Amount of Each Disbursement this Period 1250.00
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**

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23 24 25 26 27a
 27b 28a 28b 28c 29

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NAME OF COMMITTEE (In Full)
DONALD J. TRUMP FOR PRESIDENT, INC.

Full Name (Last, First, Middle Initial) A. PAUL JANICZEK		Date of Disbursement MM / DD / YYYY 01 / 14 / 2016
Mailing Address 725 5TH AVENUE		Transaction ID : SB23.289205
City NEW YORK	State NY	
Zip Code 10022	Purpose of Disbursement PAYROLL	Amount of Each Disbursement this Period 1500.00
Candidate Name	Category/Type	
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. PAUL JANICZEK		Date of Disbursement MM / DD / YYYY 01 / 14 / 2016
Mailing Address 725 5TH AVENUE		Transaction ID : SB23.289287
City NEW YORK	State NY	
Zip Code 10022	Purpose of Disbursement PAYROLL	Amount of Each Disbursement this Period 1500.00
Candidate Name	Category/Type	
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 JANICZEK		Date of Disbursement MM / DD / YYYY 01 / 28 / 2016
Mailing Address 725 5TH AVENUE		Transaction ID : SB23.289572
City NEW YORK	State NY	
Zip Code 10022	Purpose of Disbursement TRAVEL EXPENSE REIMBURSEMENT: ITEMIZATION BELOW IF REQUIRED	Amount of Each Disbursement this Period 305.20
Candidate Name	Category/Type 101	
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)..... 3305.20

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
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23 24 25 26 27a
 27b 28a 28b 28c 29

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NAME OF COMMITTEE (In Full)
DONALD J. TRUMP FOR PRESIDENT, INC.

A. PAUL JANICZEK

Full Name (Last, First, Middle Initial)
Mailing Address 725 5TH AVENUE

City NEW YORK State NY Zip Code 10022

Purpose of Disbursement TRAVEL: MILEAGE [JANICZEK: SB23.289572]

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement: 01 / 28 / 2016

Transaction ID : SB23.289905

Amount of Each Disbursement this Period: 240.47

[MEMO ITEM]

B. PAUL JANICZEK

Full Name (Last, First, Middle Initial)
Mailing Address 725 5TH AVENUE

City NEW YORK State NY Zip Code 10022

Purpose of Disbursement PAYROLL

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement: 01 / 29 / 2016

Transaction ID : SB23.289376

Amount of Each Disbursement this Period: 1500.00

C. JETBLUE AIRWAYS

Full Name (Last, First, Middle Initial)
Mailing Address 6322 S 3000 E
STE G10

City SALT LAKE CITY State UT Zip Code 84121

Purpose of Disbursement TRAVEL: AIR [AMEX: SB23.288951]

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement: 11 / 28 / 2015

Transaction ID : SB23.289754

Amount of Each Disbursement this Period: 562.17

[MEMO ITEM]

Subtotal Of Receipts This Page (optional)..... 1500.00

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 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)

DONALD J. TRUMP FOR PRESIDENT, INC.

Full Name (Last, First, Middle Initial)

A. JH SPECIALTY, INC.

Mailing Address 5614 INDUSTRIAL RD

City State Zip Code
FORT WAYNE IN 46825

Purpose of Disbursement
OFFICE SUPPLIES [AMEX: SB23.288951]

Candidate Name

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
12		04		2015

Transaction ID : SB23.289712

Amount of Each Disbursement this Period

427.50

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. JH SPECIALTY, INC.

Mailing Address 5614 INDUSTRIAL RD

City State Zip Code
FORT WAYNE IN 46825

Purpose of Disbursement
OFFICE SUPPLIES [AMEX: SB23.288951]

Candidate Name

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
12		04		2015

Transaction ID : SB23.289717

Amount of Each Disbursement this Period

446.44

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. JH SPECIALTY, INC.

Mailing Address 5614 INDUSTRIAL RD

City State Zip Code
FORT WAYNE IN 46825

Purpose of Disbursement
OFFICE SUPPLIES [AMEX: SB23.288951]

Candidate Name

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
12		15		2015

Transaction ID : SB23.289699

Amount of Each Disbursement this Period

370.52

[MEMO ITEM]

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)

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<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)
DONALD J. TRUMP FOR PRESIDENT, INC.

Full Name (Last, First, Middle Initial) A. JH SPECIALTY, INC.		Date of Disbursement MM / DD / YYYY 12 / 15 / 2015
Mailing Address 5614 INDUSTRIAL RD		Transaction ID : SB23.289706
City FORT WAYNE	State IN	
Purpose of Disbursement OFFICE SUPPLIES [AMEX: SB23.288951]		Amount of Each Disbursement this Period 406.88
Candidate Name		[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. JJONES CONSULTING		Date of Disbursement MM / DD / YYYY 01 / 20 / 2016
Mailing Address 2710 GRANTS LAKE BLVD. #L-3		Transaction ID : SB23.289103
City SUGAR LAND	State TX	
Purpose of Disbursement FIELD CONSULTING		Amount of Each Disbursement this Period 6828.23
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) C. ALVA JOHNSON		Date of Disbursement MM / DD / YYYY 01 / 29 / 2016
Mailing Address 725 5TH AVENUE		Transaction ID : SB23.289378
City NEW YORK	State NY	
Purpose of Disbursement PAYROLL		Amount of Each Disbursement this Period 1500.00
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Subtotal Of Receipts This Page (optional)..... 8328.23

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)
DONALD J. TRUMP FOR PRESIDENT, INC.

Full Name (Last, First, Middle Initial)
A. BONNIE JOHNSON

Mailing Address 725 5TH AVENUE

City NEW YORK State NY Zip Code 10022

Purpose of Disbursement PAYROLL

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement: MM / DD / YYYY
01 / 06 / 2016

Transaction ID : SB23.289241

Amount of Each Disbursement this Period: 969.36

Category/Type

Full Name (Last, First, Middle Initial)
B. BONNIE JOHNSON

Mailing Address 725 5TH AVENUE

City NEW YORK State NY Zip Code 10022

Purpose of Disbursement PAYROLL

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement: MM / DD / YYYY
01 / 06 / 2016

Transaction ID : SB23.289248

Amount of Each Disbursement this Period: 1500.00

Category/Type

Full Name (Last, First, Middle Initial)
C. BONNIE JOHNSON

Mailing Address 725 5TH AVENUE

City NEW YORK State NY Zip Code 10022

Purpose of Disbursement PAYROLL

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement: MM / DD / YYYY
01 / 14 / 2016

Transaction ID : SB23.289288

Amount of Each Disbursement this Period: 1500.00

Category/Type

Subtotal Of Receipts This Page (optional)..... 3969.36

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)
DONALD J. TRUMP FOR PRESIDENT, INC.

A. BONNIE JOHNSON

Full Name (Last, First, Middle Initial)
Mailing Address 725 5TH AVENUE

City NEW YORK State NY Zip Code 10022

Purpose of Disbursement PAYROLL

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement: MM / DD / YYYY
01 / 29 / 2016

Transaction ID : SB23.289379

Amount of Each Disbursement this Period: 2500.00

Category/Type

B. WHITNEY JOHNSON

Full Name (Last, First, Middle Initial)
Mailing Address 725 5TH AVENUE

City NEW YORK State NY Zip Code 10022

Purpose of Disbursement PAYROLL

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement: MM / DD / YYYY
01 / 29 / 2016

Transaction ID : SB23.289381

Amount of Each Disbursement this Period: 2000.00

Category/Type

C. JOHN WAYNE BIRTHPLACE & MUSEUM

Full Name (Last, First, Middle Initial)
Mailing Address 205 W. JOHN WAYNE DRIVE

City WINTERSET State IA Zip Code 50273

Purpose of Disbursement FACILITY RENTAL

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement: MM / DD / YYYY
01 / 12 / 2016

Transaction ID : SB23.289047

Amount of Each Disbursement this Period: 300.00

Category/Type

Subtotal Of Receipts This Page (optional)..... 4800.00

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 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)
DONALD J. TRUMP FOR PRESIDENT, INC.

Full Name (Last, First, Middle Initial) A. JONES DAY		Date of Disbursement MM / DD / YYYY 01 / 31 / 2016
Mailing Address PO BOX 7805 BEN FRANKLIN STATION		Transaction ID : SB23.289139
City WASHINGTON	State DC	
Zip Code 20044	Purpose of Disbursement LEGAL CONSULTING	Amount of Each Disbursement this Period 56056.26
Candidate Name	Category/Type	
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. JONES DAY		Date of Disbursement MM / DD / YYYY 01 / 31 / 2016
Mailing Address PO BOX 7805 BEN FRANKLIN STATION		Transaction ID : SB23.289140
City WASHINGTON	State DC	
Zip Code 20044	Purpose of Disbursement LEGAL CONSULTING	Amount of Each Disbursement this Period 57145.00
Candidate Name	Category/Type	
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. BONNIE JOHNSON		Date of Disbursement MM / DD / YYYY 01 / 19 / 2016
Mailing Address 725 5TH AVENUE		Transaction ID : SB23.289538
City NEW YORK	State NY	
Zip Code 10022	Purpose of Disbursement TRAVEL EXPENSE REIMBURSEMENT: ITEMIZATION BELOW IF REQUIRED	Amount of Each Disbursement this Period 1033.81
Candidate Name	Category/Type 101	
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)..... 114235.07

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 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)
DONALD J. TRUMP FOR PRESIDENT, INC.

Full Name (Last, First, Middle Initial) A. BONNIE JONNSON		Date of Disbursement MM / DD / YYYY 01 / 19 / 2016
Mailing Address 725 5TH AVENUE		Transaction ID : SB23.289883
City NEW YORK	State NY	
Purpose of Disbursement TRAVEL: MILEAGE [JONNSON: SB23.289538]		Amount of Each Disbursement this Period 384.35
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State:	District:	

Full Name (Last, First, Middle Initial) B. BONNIE JONNSON		Date of Disbursement MM / DD / YYYY 01 / 31 / 2016
Mailing Address 725 5TH AVENUE		Transaction ID : SB23.289539
City NEW YORK	State NY	
Purpose of Disbursement IN-PERIOD EXPENSE REIMBURSEMENT: ITEMIZATION BELOW IF REQUIRED		Amount of Each Disbursement this Period 1063.23
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) C. BONNIE JONNSON		Date of Disbursement MM / DD / YYYY 01 / 31 / 2016
Mailing Address 725 5TH AVENUE		Transaction ID : SB23.289884
City NEW YORK	State NY	
Purpose of Disbursement TRAVEL: MILEAGE [JONNSON: SB23.289539]		Amount of Each Disbursement this Period 236.81
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State:	District:	

Subtotal Of Receipts This Page (optional)..... 1063.23

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 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)
DONALD J. TRUMP FOR PRESIDENT, INC.

Full Name (Last, First, Middle Initial) A. MAUREEN KARAS		Date of Disbursement MM / DD / YYYY 01 / 14 / 2016
Mailing Address 725 FIFTH AVENUE		Transaction ID : SB23.289289
City NEW YORK	State NY	
Purpose of Disbursement PAYROLL	Candidate Name	Amount of Each Disbursement this Period 2250.00
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. MAUREEN KARAS		Date of Disbursement MM / DD / YYYY 01 / 29 / 2016
Mailing Address 725 FIFTH AVENUE		Transaction ID : SB23.289382
City NEW YORK	State NY	
Purpose of Disbursement PAYROLL	Candidate Name	Amount of Each Disbursement this Period 2250.00
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. JORDAN KAREM		Date of Disbursement MM / DD / YYYY 01 / 13 / 2016
Mailing Address 7230 EAST LOMA LANE		Transaction ID : SB23.288965
City SCOTTSDALE	State AZ	
Purpose of Disbursement EVENT CONSULTING	Candidate Name	Amount of Each Disbursement this Period 3987.00
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)..... 8487.00

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 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)
DONALD J. TRUMP FOR PRESIDENT, INC.

Full Name (Last, First, Middle Initial) A. JORDAN KAREM		Date of Disbursement MM / DD / YYYY 01 / 29 / 2016
Mailing Address 7230 EAST LOMA LANE		Transaction ID : SB23.288964
City SCOTTSDALE	State AZ	
Purpose of Disbursement EVENT CONSULTING	Candidate Name	Amount of Each Disbursement this Period 1088.00
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. BRYAN KEATING		Date of Disbursement MM / DD / YYYY 01 / 19 / 2016
Mailing Address 725 5TH AVENUE		Transaction ID : SB23.289213
City NEW YORK	State NY	
Purpose of Disbursement PAYROLL	Candidate Name	Amount of Each Disbursement this Period 1268.80
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. BRYAN KEATING		Date of Disbursement MM / DD / YYYY 01 / 29 / 2016
Mailing Address 725 5TH AVENUE		Transaction ID : SB23.289383
City NEW YORK	State NY	
Purpose of Disbursement PAYROLL	Candidate Name	Amount of Each Disbursement this Period 1375.00
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)..... 3731.80

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 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)
DONALD J. TRUMP FOR PRESIDENT, INC.

Full Name (Last, First, Middle Initial) A. RICHARD KINGAN		Date of Disbursement MM / DD / YYYY 01 / 14 / 2016
Mailing Address 725 5TH AVENUE		Transaction ID : SB23.289291
City NEW YORK	State NY	
Zip Code 10022	Purpose of Disbursement PAYROLL	Amount of Each Disbursement this Period 1250.00
Candidate Name	Category/ Type	
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. RICHARD KINGAN		Date of Disbursement MM / DD / YYYY 01 / 21 / 2016
Mailing Address 725 5TH AVENUE		Transaction ID : SB23.289225
City NEW YORK	State NY	
Zip Code 10022	Purpose of Disbursement PAYROLL	Amount of Each Disbursement this Period 350.00
Candidate Name	Category/ Type	
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 KINGAN		Date of Disbursement MM / DD / YYYY 01 / 29 / 2016
Mailing Address 725 5TH AVENUE		Transaction ID : SB23.289385
City NEW YORK	State NY	
Zip Code 10022	Purpose of Disbursement PAYROLL	Amount of Each Disbursement this Period 1600.00
Candidate Name	Category/ Type	
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)..... 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 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)
DONALD J. TRUMP FOR PRESIDENT, INC.

Full Name (Last, First, Middle Initial) A. RICHARD KINGAN		Date of Disbursement MM / DD / YYYY 01 / 31 / 2016
Mailing Address 725 5TH AVENUE		Transaction ID : SB23.289573
City NEW YORK	State NY	
Zip Code 10022	Purpose of Disbursement TRAVEL EXPENSE REIMBURSEMENT: ITEMIZATION BELOW IF REQUIRED	Amount of Each Disbursement this Period 473.99
Candidate Name	Category/Type 101	
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. KINGSTON PUBLIC AFFAIRS		Date of Disbursement MM / DD / YYYY 01 / 06 / 2016
Mailing Address 22 WILLIAMS ROAD		Transaction ID : SB23.289107
City KENDALL PARK	State NJ	
Zip Code 08824	Purpose of Disbursement FIELD CONSULTING	Amount of Each Disbursement this Period 11757.05
Candidate Name	Category/Type	
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. KINGSTON PUBLIC AFFAIRS		Date of Disbursement MM / DD / YYYY 01 / 31 / 2016
Mailing Address 22 WILLIAMS ROAD		Transaction ID : SB23.289106
City KENDALL PARK	State NJ	
Zip Code 08824	Purpose of Disbursement FIELD CONSULTING	Amount of Each Disbursement this Period 8000.00
Candidate Name	Category/Type	
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)..... 20231.04

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)
DONALD J. TRUMP FOR PRESIDENT, INC.

Full Name (Last, First, Middle Initial) A. KUNNECT LLC		Date of Disbursement MM / DD / YYYY 01 / 04 / 2016
Mailing Address 5769 N ANDREWS WAY		Transaction ID : SB23.289530
City FORT LAUDERDALE	State FL	
Purpose of Disbursement TELEMARKETING AND DATA	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: _____	Category/Type	

Full Name (Last, First, Middle Initial) B. KUNNECT LLC		Date of Disbursement MM / DD / YYYY 01 / 06 / 2016
Mailing Address 5769 N ANDREWS WAY		Transaction ID : SB23.289531
City FORT LAUDERDALE	State FL	
Purpose of Disbursement TELEMARKETING AND DATA	Candidate Name	Amount of Each Disbursement this Period 16250.00
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. L2		Date of Disbursement MM / DD / YYYY 01 / 31 / 2016
Mailing Address 2500 116TH AVENUE NE		Transaction ID : SB23.289499
City BELLEVUE	State WA	
Purpose of Disbursement RESEARCH CONSULTING	Candidate Name	Amount of Each Disbursement this Period 4750.00
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)..... 26000.00

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)
DONALD J. TRUMP FOR PRESIDENT, INC.

Full Name (Last, First, Middle Initial) A. EARL LEDBETTER		Date of Disbursement MM / DD / YYYY 01 / 14 / 2016
Mailing Address 725 5TH AVENUE		Transaction ID : SB23.289292
City NEW YORK	State NY	
Zip Code 10022	Purpose of Disbursement PAYROLL	Amount of Each Disbursement this Period 750.00
Candidate Name	Category/ Type	
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. EARL LEDBETTER		Date of Disbursement MM / DD / YYYY 01 / 21 / 2016
Mailing Address 725 5TH AVENUE		Transaction ID : SB23.289226
City NEW YORK	State NY	
Zip Code 10022	Purpose of Disbursement PAYROLL	Amount of Each Disbursement this Period 1000.00
Candidate Name	Category/ Type	
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. EARL LEDBETTER		Date of Disbursement MM / DD / YYYY 01 / 29 / 2016
Mailing Address 725 5TH AVENUE		Transaction ID : SB23.289386
City NEW YORK	State NY	
Zip Code 10022	Purpose of Disbursement PAYROLL	Amount of Each Disbursement this Period 1750.00
Candidate Name	Category/ Type	
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)..... 3500.00

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 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)
DONALD J. TRUMP FOR PRESIDENT, INC.

Full Name (Last, First, Middle Initial) A. TONY LEDBETTER		Date of Disbursement MM / DD / YYYY 01 / 27 / 2016
Mailing Address 725 5TH AVENUE		Transaction ID : SB23.289582
City NEW YORK	State NY	
Zip Code 10022	Purpose of Disbursement TRAVEL EXPENSE REIMBURSEMENT: ITEMIZATION BELOW IF REQUIRED	Amount of Each Disbursement this Period 226.55
Candidate Name	Category/ Type 101	
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. TONY LEDBETTER		Date of Disbursement MM / DD / YYYY 01 / 27 / 2016
Mailing Address 725 5TH AVENUE		Transaction ID : SB23.289914
City NEW YORK	State NY	
Zip Code 10022	Purpose of Disbursement TRAVEL: MILEAGE [LEDBETTER: SB23.289582]	Amount of Each Disbursement this Period 226.55
Candidate Name	Category/ Type	[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. TONY LEDBETTER		Date of Disbursement MM / DD / YYYY 01 / 31 / 2016
Mailing Address 725 5TH AVENUE		Transaction ID : SB23.289583
City NEW YORK	State NY	
Zip Code 10022	Purpose of Disbursement TRAVEL EXPENSE REIMBURSEMENT: ITEMIZATION BELOW IF REQUIRED	Amount of Each Disbursement this Period 685.54
Candidate Name	Category/ Type 101	
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)..... 912.09

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)
DONALD J. TRUMP FOR PRESIDENT, INC.

Full Name (Last, First, Middle Initial) A. TONY LEDBETTER		Date of Disbursement MM / DD / YYYY 01 / 31 / 2016
Mailing Address 725 5TH AVENUE		Transaction ID : SB23.289915
City NEW YORK	State NY	
Zip Code 10022	Purpose of Disbursement TRAVEL: MILEAGE [LEDBETTER: SB23.289583]	Amount of Each Disbursement this Period 347.30
Candidate Name	Category/ Type	[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. KELLEY LEONARD-COFFIN		Date of Disbursement MM / DD / YYYY 01 / 07 / 2016
Mailing Address 725 5TH AVENUE		Transaction ID : SB23.289204
City NEW YORK	State NY	
Zip Code 10022	Purpose of Disbursement PAYROLL	Amount of Each Disbursement this Period 1638.48
Candidate Name	Category/ Type	
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. KELLEY LEONARD-COFFIN		Date of Disbursement MM / DD / YYYY 01 / 14 / 2016
Mailing Address 725 5TH AVENUE		Transaction ID : SB23.289293
City NEW YORK	State NY	
Zip Code 10022	Purpose of Disbursement PAYROLL	Amount of Each Disbursement this Period 1500.00
Candidate Name	Category/ Type	
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)..... 3138.48

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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Detailed Summary Page

FOR LINE NUMBER:
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23 24 25 26 27a
 27b 28a 28b 28c 29

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NAME OF COMMITTEE (In Full)
DONALD J. TRUMP FOR PRESIDENT, INC.

Full Name (Last, First, Middle Initial) A. KELLEY LEONARD-COFFIN		Date of Disbursement MM / DD / YYYY 01 / 29 / 2016
Mailing Address 725 5TH AVENUE		Transaction ID : SB23.289387
City NEW YORK	State NY	
Zip Code 10022	Purpose of Disbursement PAYROLL	Amount of Each Disbursement this Period 1500.00
Candidate Name	Category/ Type	
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. PAMELA LINDBERG		Date of Disbursement MM / DD / YYYY 01 / 06 / 2016
Mailing Address 725 FIFTH AVENUE		Transaction ID : SB23.289242
City NEW YORK	State NY	
Zip Code 10022	Purpose of Disbursement PAYROLL	Amount of Each Disbursement this Period 25.00
Candidate Name	Category/ Type	
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. PAMELA LINDBERG		Date of Disbursement MM / DD / YYYY 01 / 06 / 2016
Mailing Address 725 FIFTH AVENUE		Transaction ID : SB23.289249
City NEW YORK	State NY	
Zip Code 10022	Purpose of Disbursement PAYROLL	Amount of Each Disbursement this Period 250.00
Candidate Name	Category/ Type	
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)..... 1775.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

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NAME OF COMMITTEE (In Full)
DONALD J. TRUMP FOR PRESIDENT, INC.

Full Name (Last, First, Middle Initial) A. PAMELA LINDBERG		Date of Disbursement MM / DD / YYYY 01 / 08 / 2016
Mailing Address 725 FIFTH AVENUE		Transaction ID : SB23.289199
City NEW YORK	State NY	
Zip Code 10022	Purpose of Disbursement PAYROLL	Amount of Each Disbursement this Period 225.00
Candidate Name	Category/ Type	
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. PAMELA LINDBERG		Date of Disbursement MM / DD / YYYY 01 / 14 / 2016
Mailing Address 725 FIFTH AVENUE		Transaction ID : SB23.289294
City NEW YORK	State NY	
Zip Code 10022	Purpose of Disbursement PAYROLL	Amount of Each Disbursement this Period 1000.00
Candidate Name	Category/ Type	
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. PAMELA LINDBERG		Date of Disbursement MM / DD / YYYY 01 / 29 / 2016
Mailing Address 725 FIFTH AVENUE		Transaction ID : SB23.289388
City NEW YORK	State NY	
Zip Code 10022	Purpose of Disbursement PAYROLL	Amount of Each Disbursement this Period 1000.00
Candidate Name	Category/ Type	
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)..... 2225.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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Detailed Summary Page

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NAME OF COMMITTEE (In Full)
DONALD J. TRUMP FOR PRESIDENT, INC.

Full Name (Last, First, Middle Initial) A. LIVING HISTORY FARMS		Date of Disbursement MM / DD / YYYY 01 / 08 / 2016
Mailing Address 2600 111TH STREET		Transaction ID : SB23.289049
City URBANDALE State IA Zip Code 50322	Amount of Each Disbursement this Period 1200.00	
Purpose of Disbursement FACILITY RENTAL	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House Disbursement For: 2016 <input type="checkbox"/> Senate <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> President <input type="checkbox"/> Other (specify) ▼		
State: District:		

Full Name (Last, First, Middle Initial) B. MARK LLOYD		Date of Disbursement MM / DD / YYYY 01 / 14 / 2016
Mailing Address 725 5TH AVENUE		Transaction ID : SB23.289295
City NEW YORK State NY Zip Code 10022	Amount of Each Disbursement this Period 2000.00	
Purpose of Disbursement PAYROLL	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House Disbursement For: 2016 <input type="checkbox"/> Senate <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> President <input type="checkbox"/> Other (specify) ▼		
State: District:		

Full Name (Last, First, Middle Initial) C. MARK LLOYD		Date of Disbursement MM / DD / YYYY 01 / 28 / 2016
Mailing Address 725 5TH AVENUE		Transaction ID : SB23.289566
City NEW YORK State NY Zip Code 10022	Amount of Each Disbursement this Period 523.83	
Purpose of Disbursement TRAVEL EXPENSE REIMBURSEMENT: ITEMIZATION BELOW IF REQUIRED	Candidate Name	Category/ Type 101
Office Sought: <input type="checkbox"/> House Disbursement For: 2016 <input type="checkbox"/> Senate <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> President <input type="checkbox"/> Other (specify) ▼		
State: District:		

Subtotal Of Receipts This Page (optional)..... 3723.83

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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23 24 25 26 27a
 27b 28a 28b 28c 29

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NAME OF COMMITTEE (In Full)
DONALD J. TRUMP FOR PRESIDENT, INC.

Full Name (Last, First, Middle Initial) A. MARK LLOYD		Date of Disbursement MM / DD / YYYY 01 / 28 / 2016
Mailing Address 725 5TH AVENUE		Transaction ID : SB23.289902
City NEW YORK	State NY	
Zip Code 10022	Purpose of Disbursement TRAVEL: MILEAGE [LLOYD: SB23.289566]	Amount of Each Disbursement this Period \$ 523.83
Candidate Name	Category/Type	[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. MARK LLOYD		Date of Disbursement MM / DD / YYYY 01 / 29 / 2016
Mailing Address 725 5TH AVENUE		Transaction ID : SB23.289389
City NEW YORK	State NY	
Zip Code 10022	Purpose of Disbursement PAYROLL	Amount of Each Disbursement this Period \$ 2000.00
Candidate Name	Category/Type	
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. MARK LLOYD		Date of Disbursement MM / DD / YYYY 01 / 30 / 2016
Mailing Address 725 5TH AVENUE		Transaction ID : SB23.289565
City NEW YORK	State NY	
Zip Code 10022	Purpose of Disbursement TRAVEL EXPENSE REIMBURSEMENT: ITEMIZATION BELOW IF REQUIRED	Amount of Each Disbursement this Period \$ 386.77
Candidate Name	Category/Type 101	
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)..... **2386.77**

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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Detailed Summary Page

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23 24 25 26 27a
 27b 28a 28b 28c 29

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NAME OF COMMITTEE (In Full)
DONALD J. TRUMP FOR PRESIDENT, INC.

Full Name (Last, First, Middle Initial) A. MARK LLOYD		Date of Disbursement MM / DD / YYYY 01 / 30 / 2016
Mailing Address 725 5TH AVENUE		Transaction ID : SB23.289901
City NEW YORK	State NY	
Zip Code 10022	Purpose of Disbursement TRAVEL: MILEAGE [LLOYD: SB23.289565]	Amount of Each Disbursement this Period 428.42
Candidate Name	Category/Type	[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. JENNIFER LOCETTA		Date of Disbursement MM / DD / YYYY 01 / 14 / 2016
Mailing Address 725 5TH AVENUE		Transaction ID : SB23.289296
City NEW YORK	State NY	
Zip Code 10022	Purpose of Disbursement PAYROLL	Amount of Each Disbursement this Period 2750.00
Candidate Name	Category/Type	
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 LOCETTA		Date of Disbursement MM / DD / YYYY 01 / 27 / 2016
Mailing Address 725 5TH AVENUE		Transaction ID : SB23.289558
City NEW YORK	State NY	
Zip Code 10022	Purpose of Disbursement TRAVEL EXPENSE REIMBURSEMENT: ITEMIZATION BELOW IF REQUIRED	Amount of Each Disbursement this Period 1292.07
Candidate Name	Category/Type 101	
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)..... 4042.07

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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 27b 28a 28b 28c 29

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NAME OF COMMITTEE (In Full)
DONALD J. TRUMP FOR PRESIDENT, INC.

Full Name (Last, First, Middle Initial) A. JENNIFER LOCETTA		Date of Disbursement MM / DD / YYYY 01 / 27 / 2016
Mailing Address 725 5TH AVENUE		Transaction ID : SB23.289929
City NEW YORK	State NY	
Purpose of Disbursement IN-KIND: OFFICE SUPPLIES	Zip Code 10022	Amount of Each Disbursement this Period 1933.03
Candidate Name	Category/ Type	
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. JENNIFER LOCETTA		Date of Disbursement MM / DD / YYYY 01 / 29 / 2016
Mailing Address 725 5TH AVENUE		Transaction ID : SB23.289390
City NEW YORK	State NY	
Purpose of Disbursement PAYROLL	Zip Code 10022	Amount of Each Disbursement this Period 2750.00
Candidate Name	Category/ Type	
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. CURTIS LOFTIS		Date of Disbursement MM / DD / YYYY 01 / 05 / 2016
Mailing Address 133 STATE STREET		Transaction ID : SB23.289494
City WEST COLUMBIA	State SC	
Purpose of Disbursement RENT AND UTILITIES	Zip Code 29169	Amount of Each Disbursement this Period 800.00
Candidate Name	Category/ Type	
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)..... → 5483.03

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 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)
DONALD J. TRUMP FOR PRESIDENT, INC.

Full Name (Last, First, Middle Initial) A. CURTIS LOFTIS		Date of Disbursement MM / DD / YYYY 01 / 31 / 2016
Mailing Address 133 STATE STREET		Transaction ID : SB23.289495
City WEST COLUMBIA	State SC Zip Code 29169	
Purpose of Disbursement RENT AND UTILITIES	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:		

Full Name (Last, First, Middle Initial) B. MAC BANQUETS		Date of Disbursement MM / DD / YYYY 12 / 22 / 2015
Mailing Address 1 ARENA WAY		Transaction ID : SB23.289830
City COUNCIL BLUFFS	State IA Zip Code 51501	
Purpose of Disbursement FACILITY RENTAL/CATERING SERVICES [AMEX: SB23.288951]	Candidate Name	Amount of Each Disbursement this Period 6000.00
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:		

[MEMO ITEM]

Full Name (Last, First, Middle Initial) C. NANCY MACE		Date of Disbursement MM / DD / YYYY 01 / 30 / 2016
Mailing Address 295 SEVEN FARMS DRIVE SUITE C-186		Transaction ID : SB23.289128
City DANIEL ISLAND	State SC Zip Code 29492	
Purpose of Disbursement FIELD CONSULTING	Candidate Name	Amount of Each Disbursement this Period 4500.00
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)..... 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)

<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)
DONALD J. TRUMP FOR PRESIDENT, INC.

Full Name (Last, First, Middle Initial) A. LISA JANE MACIEJOWSKI GAMBUZZA		Date of Disbursement MM / DD / YYYY 01 / 12 / 2016
Mailing Address 725 5TH AVENUE		Transaction ID : SB23.289563
City NEW YORK	State NY	
Zip Code 10022	Purpose of Disbursement TRAVEL EXPENSE REIMBURSEMENT: ITEMIZATION BELOW IF REQUIRED	Amount of Each Disbursement this Period 161.33
Candidate Name	Category/Type 101	
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. LISA JANE MACIEJOWSKI GAMBUZZA		Date of Disbursement MM / DD / YYYY 01 / 12 / 2016
Mailing Address 725 5TH AVENUE		Transaction ID : SB23.289564
City NEW YORK	State NY	
Zip Code 10022	Purpose of Disbursement TRAVEL EXPENSE REIMBURSEMENT: ITEMIZATION BELOW IF REQUIRED	Amount of Each Disbursement this Period 607.98
Candidate Name	Category/Type 101	
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. LISA JANE MACIEJOWSKI GAMBUZZA		Date of Disbursement MM / DD / YYYY 01 / 12 / 2016
Mailing Address 725 5TH AVENUE		Transaction ID : SB23.289900
City NEW YORK	State NY	
Zip Code 10022	Purpose of Disbursement TRAVEL: MILEAGE [MACIEJOWSKI GAMBUZZA: SB23.289564]	Amount of Each Disbursement this Period 210.82
Candidate Name	Category/Type	
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)..... 769.31

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)

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<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)
DONALD J. TRUMP FOR PRESIDENT, INC.

Full Name (Last, First, Middle Initial) A. LISA JANE MACIEJOWSKI GAMBUZZA		Date of Disbursement MM / DD / YYYY 01 / 14 / 2016
Mailing Address 725 5TH AVENUE		Transaction ID : SB23.289297
City NEW YORK	State NY	
Purpose of Disbursement PAYROLL	Candidate Name	Amount of Each Disbursement this Period 1250.00
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. LISA JANE MACIEJOWSKI GAMBUZZA		Date of Disbursement MM / DD / YYYY 01 / 29 / 2016
Mailing Address 725 5TH AVENUE		Transaction ID : SB23.289391
City NEW YORK	State NY	
Purpose of Disbursement PAYROLL	Candidate Name	Amount of Each Disbursement this Period 1250.00
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. MACON MARRIOTT CITY CENTER		Date of Disbursement MM / DD / YYYY 12 / 02 / 2015
Mailing Address 240 COLISEUM DR		Transaction ID : SB23.289679
City MACON	State GA	
Purpose of Disbursement TRAVEL: LODGING [AMEX: SB23.288951]	Candidate Name	Amount of Each Disbursement this Period 319.38
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: _____	[MEMO ITEM]

Subtotal Of Receipts This Page (optional)..... 2500.00

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)
DONALD J. TRUMP FOR PRESIDENT, INC.

Full Name (Last, First, Middle Initial) A. MACON MARRIOTT CITY CENTER		Date of Disbursement MM / DD / YYYY 12 / 02 / 2015
Mailing Address 240 COLISEUM DR		Transaction ID : SB23.289710
City MACON	State GA	
Purpose of Disbursement TRAVEL: LODGING [AMEX: SB23.288951]		Amount of Each Disbursement this Period 425.84
Candidate Name		[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. ERIC MAHROUM		Date of Disbursement MM / DD / YYYY 01 / 07 / 2016
Mailing Address 725 5TH AVE		Transaction ID : SB23.289557
City NEW YORK	State NY	
Purpose of Disbursement TRAVEL EXPENSE REIMBURSEMENT: ITEMIZATION BELOW IF REQUIRED		Amount of Each Disbursement this Period 1745.73
Candidate Name		[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. ERIC MAHROUM		Date of Disbursement MM / DD / YYYY 01 / 07 / 2016
Mailing Address 725 5TH AVE		Transaction ID : SB23.289894
City NEW YORK	State NY	
Purpose of Disbursement TRAVEL: MILEAGE [MAHROUM: SB23.289557]		Amount of Each Disbursement this Period 1565.38
Candidate Name		[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)..... 1745.73

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)
DONALD J. TRUMP FOR PRESIDENT, INC.

Full Name (Last, First, Middle Initial) A. ERIC MAHROUM		Date of Disbursement MM / DD / YYYY 01 / 14 / 2016
Mailing Address 725 5TH AVE		Transaction ID : SB23.289298
City NEW YORK	State NY	
Purpose of Disbursement PAYROLL	Candidate Name	Amount of Each Disbursement this Period 1799.98
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. ERIC MAHROUM		Date of Disbursement MM / DD / YYYY 01 / 22 / 2016
Mailing Address 725 5TH AVE		Transaction ID : SB23.289555
City NEW YORK	State NY	
Purpose of Disbursement TRAVEL EXPENSE REIMBURSEMENT: ITEMIZATION BELOW IF REQUIRED	Candidate Name	Amount of Each Disbursement this Period 846.97
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. ERIC MAHROUM		Date of Disbursement MM / DD / YYYY 01 / 29 / 2016
Mailing Address 725 5TH AVE		Transaction ID : SB23.289392
City NEW YORK	State NY	
Purpose of Disbursement PAYROLL	Candidate Name	Amount of Each Disbursement this Period 2250.00
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)..... 4896.95

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

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<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)
DONALD J. TRUMP FOR PRESIDENT, INC.

Full Name (Last, First, Middle Initial) A. ERIC MAHROUM		Date of Disbursement MM / DD / YYYY 01 / 29 / 2016
Mailing Address 725 5TH AVE		Transaction ID : SB23.289556
City NEW YORK	State NY	
Purpose of Disbursement TRAVEL EXPENSE REIMBURSEMENT: ITEMIZATION BELOW IF REQUIRED		Amount of Each Disbursement this Period 1184.08
Candidate Name		Category/ Type 101
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. ERIC MAHROUM		Date of Disbursement MM / DD / YYYY 01 / 29 / 2016
Mailing Address 725 5TH AVE		Transaction ID : SB23.289893
City NEW YORK	State NY	
Purpose of Disbursement TRAVEL: MILEAGE [MAHROUM: SB23.289556]		Amount of Each Disbursement this Period 775.44
Candidate Name		Category/ Type
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:	

[MEMO ITEM]

Full Name (Last, First, Middle Initial) C. MAILCHIMP		Date of Disbursement MM / DD / YYYY 12 / 03 / 2015
Mailing Address 675 PONCE DE LEON AVE SUITE 5000		Transaction ID : SB23.289616
City ATLANTA	State GA	
Purpose of Disbursement ONLINE SUBSCRIPTION [AMEX: SB23.288951]		Amount of Each Disbursement this Period 225.00
Candidate Name		Category/ Type
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:	

[MEMO ITEM]

Subtotal Of Receipts This Page (optional)..... 1184.08

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
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<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)
DONALD J. TRUMP FOR PRESIDENT, INC.

Full Name (Last, First, Middle Initial) A. WILLIAM MALONEY		Date of Disbursement MM / DD / YYYY 01 / 14 / 2016
Mailing Address 725 5TH AVENUE		Transaction ID : SB23.289299
City NEW YORK	State NY	
Zip Code 10022	Purpose of Disbursement PAYROLL	Amount of Each Disbursement this Period 1500.00
Candidate Name	Category/ Type	
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 MALONEY		Date of Disbursement MM / DD / YYYY 01 / 29 / 2016
Mailing Address 725 5TH AVENUE		Transaction ID : SB23.289393
City NEW YORK	State NY	
Zip Code 10022	Purpose of Disbursement PAYROLL	Amount of Each Disbursement this Period 1500.00
Candidate Name	Category/ Type	
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 MARRIOTT		Date of Disbursement MM / DD / YYYY 01 / 21 / 2016
Mailing Address 725 5TH AVENUE		Transaction ID : SB23.289228
City NEW YORK	State NY	
Zip Code 10022	Purpose of Disbursement PAYROLL	Amount of Each Disbursement this Period 2500.00
Candidate Name	Category/ Type	
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)..... 5500.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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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)
DONALD J. TRUMP FOR PRESIDENT, INC.

Full Name (Last, First, Middle Initial) A. BRIAN MARRIOTT		Date of Disbursement MM / DD / YYYY 01 / 29 / 2016
Mailing Address 725 5TH AVENUE		Transaction ID : SB23.289394
City NEW YORK	State NY	
Zip Code 10022	Purpose of Disbursement PAYROLL	Amount of Each Disbursement this Period 2500.00
Candidate Name	Category/ Type	
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. MARSHALLTOWN COMMUNITY SCHOOL DISTRICT		Date of Disbursement MM / DD / YYYY 01 / 25 / 2016
Mailing Address 312 COLUMBUS DRIVE		Transaction ID : SB23.289051
City MARSHALLTOWN	State IA	
Zip Code 50158	Purpose of Disbursement FACILITY RENTAL	Amount of Each Disbursement this Period 1875.00
Candidate Name	Category/ Type	
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. MATT MAU		Date of Disbursement MM / DD / YYYY 01 / 30 / 2016
Mailing Address 725 5TH AVENUE		Transaction ID : SB23.289569
City NEW YORK	State NY	
Zip Code 10022	Purpose of Disbursement IN-PERIOD EXPENSE REIMBURSEMENT: ITEMIZATION BELOW IF REQUIRED	Amount of Each Disbursement this Period 936.35
Candidate Name	Category/ Type 101	
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)..... 5311.35

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)
DONALD J. TRUMP FOR PRESIDENT, INC.

Full Name (Last, First, Middle Initial) A. MATT MAU		Date of Disbursement MM / DD / YYYY 01 / 30 / 2016
Mailing Address 725 5TH AVENUE		Transaction ID : SB23.289903
City NEW YORK	State NY	
Zip Code 10022	Purpose of Disbursement TRAVEL: MILEAGE [MAU: SB23.289569]	Amount of Each Disbursement this Period 626.75
Candidate Name	Category/ Type	[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. MATT MAU		Date of Disbursement MM / DD / YYYY 01 / 30 / 2016
Mailing Address 725 5TH AVENUE		Transaction ID : SB23.289917
City NEW YORK	State NY	
Zip Code 10022	Purpose of Disbursement FIELD CONSULTING [MAU: SB23.289569]	Amount of Each Disbursement this Period 220.00
Candidate Name	Category/ Type	[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. MATTHEW MAU		Date of Disbursement MM / DD / YYYY 01 / 14 / 2016
Mailing Address 725 5TH AVENUE		Transaction ID : SB23.289300
City NEW YORK	State NY	
Zip Code 10022	Purpose of Disbursement PAYROLL	Amount of Each Disbursement this Period 2000.00
Candidate Name	Category/ Type	
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)..... 2000.00

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)
DONALD J. TRUMP FOR PRESIDENT, INC.

Full Name (Last, First, Middle Initial) A. MATTHEW MAU		Date of Disbursement MM / DD / YYYY 01 / 29 / 2016
Mailing Address 725 5TH AVENUE		Transaction ID : SB23.289395
City NEW YORK	State NY	
Zip Code 10022	Purpose of Disbursement PAYROLL	Amount of Each Disbursement this Period 2000.00
Candidate Name	Category/ Type	
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. MAXIM ADVERTISING, INC.		Date of Disbursement MM / DD / YYYY 01 / 05 / 2016
Mailing Address PO BOX 398		Transaction ID : SB23.288936
City NEWTON	State IA	
Zip Code 50208	Purpose of Disbursement COLLATERAL: KNIT CAPS	Amount of Each Disbursement this Period 27049.05
Candidate Name	Category/ Type	
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. KENNETH MAYO		Date of Disbursement MM / DD / YYYY 01 / 14 / 2016
Mailing Address 725 5TH AVENUE		Transaction ID : SB23.289301
City NEW YORK	State NY	
Zip Code 10022	Purpose of Disbursement PAYROLL	Amount of Each Disbursement this Period 1750.00
Candidate Name	Category/ Type	
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)..... 30799.05

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 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)
DONALD J. TRUMP FOR PRESIDENT, INC.

Full Name (Last, First, Middle Initial) A. KENNETH MAYO		Date of Disbursement MM / DD / YYYY 01 / 27 / 2016
Mailing Address 725 5TH AVENUE		Transaction ID : SB23.289562
City NEW YORK	State NY	
Zip Code 10022	Purpose of Disbursement TRAVEL EXPENSE REIMBURSEMENT: ITEMIZATION BELOW IF REQUIRED	Amount of Each Disbursement this Period 605.31
Candidate Name	Category/Type 101	
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. KENNETH MAYO		Date of Disbursement MM / DD / YYYY 01 / 27 / 2016
Mailing Address 725 5TH AVENUE		Transaction ID : SB23.289899
City NEW YORK	State NY	
Zip Code 10022	Purpose of Disbursement TRAVEL: MILEAGE [MAYO: SB23.289562]	Amount of Each Disbursement this Period 605.31
Candidate Name	Category/Type	[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. KENNETH MAYO		Date of Disbursement MM / DD / YYYY 01 / 29 / 2016
Mailing Address 725 5TH AVENUE		Transaction ID : SB23.289396
City NEW YORK	State NY	
Zip Code 10022	Purpose of Disbursement PAYROLL	Amount of Each Disbursement this Period 1750.00
Candidate Name	Category/Type	
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)..... 2355.31

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)
DONALD J. TRUMP FOR PRESIDENT, INC.

Full Name (Last, First, Middle Initial) A. MCDAIDS IRISH PUB & RESTAURANT		Date of Disbursement M M / D D / Y Y Y Y 12 / 10 / 2015
Mailing Address 2412 HILLSBOROUGH ST		Transaction ID : SB23.289912
City RALEIGH	State NC	
Purpose of Disbursement TRAVEL: FOOD [PLAYFORTH: SB23.289580]		Amount of Each Disbursement this Period 203.33
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. GERRI MCDANIEL		Date of Disbursement M M / D D / Y Y Y Y 01 / 20 / 2016
Mailing Address 604 16TH AVE NORTH		Transaction ID : SB23.289124
City NORTH MYRTLE BEACH	State SC	
Purpose of Disbursement FIELD CONSULTING		Amount of Each Disbursement this Period 7128.41
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. JOHN MCENTEE		Date of Disbursement M M / D D / Y Y Y Y 01 / 14 / 2016
Mailing Address 725 5TH AVENUE		Transaction ID : SB23.289302
City NEW YORK	State NY	
Purpose of Disbursement PAYROLL		Amount of Each Disbursement this Period 1750.00
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Subtotal Of Receipts This Page (optional)..... 8878.41

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)
DONALD J. TRUMP FOR PRESIDENT, INC.

Full Name (Last, First, Middle Initial) A. JOHN MCENTEE		Date of Disbursement MM / DD / YYYY 01 / 21 / 2016
Mailing Address 725 5TH AVENUE		Transaction ID : SB23.289229
City NEW YORK	State NY	
Zip Code 10022	Purpose of Disbursement PAYROLL	Amount of Each Disbursement this Period 9,999.99 8,000.00 7,000.00 6,000.00 5,000.00 4,000.00 3,000.00 2,000.00 1,000.00 0.00 750.00
Candidate Name	Category/ Type	
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 MCENTEE		Date of Disbursement MM / DD / YYYY 01 / 29 / 2016
Mailing Address 725 5TH AVENUE		Transaction ID : SB23.289397
City NEW YORK	State NY	
Zip Code 10022	Purpose of Disbursement PAYROLL	Amount of Each Disbursement this Period 9,999.99 8,000.00 7,000.00 6,000.00 5,000.00 4,000.00 3,000.00 2,000.00 1,000.00 0.00 2500.00
Candidate Name	Category/ Type	
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. MERIDIAN 77 CONSULTING, LLC		Date of Disbursement MM / DD / YYYY 01 / 05 / 2016
Mailing Address 128 GREYNA GREEN COURT		Transaction ID : SB23.288900
City ALEXANDRIA	State VA	
Zip Code 22304	Purpose of Disbursement ADMINISTRATIVE CONSULTING	Amount of Each Disbursement this Period 9,999.99 8,000.00 7,000.00 6,000.00 5,000.00 4,000.00 3,000.00 2,000.00 1,000.00 0.00 5000.00
Candidate Name	Category/ Type	
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)..... 8250.00

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)
DONALD J. TRUMP FOR PRESIDENT, INC.

Full Name (Last, First, Middle Initial) A. MERIDIAN 77 CONSULTING, LLC		Date of Disbursement MM / DD / YYYY 01 / 31 / 2016
Mailing Address 128 GREYNA GREEN COURT		Transaction ID : SB23.288901
City ALEXANDRIA	State VA	
Purpose of Disbursement ADMINISTRATIVE CONSULTING		Amount of Each Disbursement this Period 5000.00
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) B. MICHAEL COLEMAN, LLC		Date of Disbursement MM / DD / YYYY 01 / 07 / 2016
Mailing Address 624 N. MAY STREET		Transaction ID : SB23.289452
City CHICAGO	State IL	
Purpose of Disbursement PRINTING AND DESIGN SERVICES		Amount of Each Disbursement this Period 350.00
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) C. MICHIGAN CONSERVATIVE COALITION		Date of Disbursement MM / DD / YYYY 01 / 20 / 2016
Mailing Address 45784 WHITE PINES DRIVE		Transaction ID : SB23.288970
City NOVI	State MI	
Purpose of Disbursement EVENT ENTRY FEE		Amount of Each Disbursement this Period 250.00
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Subtotal Of Receipts This Page (optional)..... 5600.00

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 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)
DONALD J. TRUMP FOR PRESIDENT, INC.

Full Name (Last, First, Middle Initial) A. MICROSOFT		Date of Disbursement MM / DD / YYYY 12 / 11 / 2015
Mailing Address 1 MICROSOFT WAY		Transaction ID : SB23.289805
City REDMOND	State WA	
Purpose of Disbursement SOFTWARE [AMEX: SB23.288951]		Amount of Each Disbursement this Period 853.85
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. MIDAMERICAN ENERGY		Date of Disbursement MM / DD / YYYY 01 / 31 / 2016
Mailing Address PO BOX 8020		Transaction ID : SB23.289600
City DAVENPORT	State IA	
Purpose of Disbursement UTILITIES		Amount of Each Disbursement this Period 215.04
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. BEN MILLER		Date of Disbursement MM / DD / YYYY 01 / 31 / 2016
Mailing Address 1138 FRENCH TOWN LANE		Transaction ID : SB23.288962
City FRANKLIN	State TN	
Purpose of Disbursement EVENT CONSULTING		Amount of Each Disbursement this Period 1087.69
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Subtotal Of Receipts This Page (optional)..... 1302.73

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 500 / 617

<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)
DONALD J. TRUMP FOR PRESIDENT, INC.

Full Name (Last, First, Middle Initial) A. BEN MILLER		Date of Disbursement MM / DD / YYYY 01 / 31 / 2016
Mailing Address 1138 FRENCH TOWN LANE		Transaction ID : SB23.288963
City FRANKLIN	State TN	
Purpose of Disbursement EVENT CONSULTING	Candidate Name	Amount of Each Disbursement this Period 8650.00
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. MISSISSIPPI COAST COLISEUM AND CONVENTION CENTER		Date of Disbursement MM / DD / YYYY 01 / 07 / 2016
Mailing Address 2350 BEACH BLVD.		Transaction ID : SB23.289052
City BILOXI	State MS	
Purpose of Disbursement FACILITY RENTAL	Candidate Name	Amount of Each Disbursement this Period 18307.00
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. ASHLEY MOCARSKI		Date of Disbursement MM / DD / YYYY 01 / 14 / 2016
Mailing Address 725 5TH AVENUE		Transaction ID : SB23.289303
City NEW YORK	State NY	
Purpose of Disbursement PAYROLL	Candidate Name	Amount of Each Disbursement this Period 1500.00
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)..... 28457.00

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:
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23 24 25 26 27a
 27b 28a 28b 28c 29

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NAME OF COMMITTEE (In Full)
DONALD J. TRUMP FOR PRESIDENT, INC.

A. ASHLEY MOCARSKI

Full Name (Last, First, Middle Initial)

Mailing Address 725 5TH AVENUE

City NEW YORK State NY Zip Code 10022

Purpose of Disbursement PAYROLL

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify) ▼

State: District:

Date of Disbursement: MM / DD / YYYY 01 / 29 / 2016

Transaction ID : SB23.289398

Amount of Each Disbursement this Period: 1500.00

Category/Type

B. ZACH MONTANARO

Full Name (Last, First, Middle Initial)

Mailing Address 725 FIFTH AVENUE

City NEW YORK State NY Zip Code 10022

Purpose of Disbursement PAYROLL

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify) ▼

State: District:

Date of Disbursement: MM / DD / YYYY 01 / 14 / 2016

Transaction ID : SB23.289304

Amount of Each Disbursement this Period: 1250.00

Category/Type

C. ZACH MONTANARO

Full Name (Last, First, Middle Initial)

Mailing Address 725 FIFTH AVENUE

City NEW YORK State NY Zip Code 10022

Purpose of Disbursement PAYROLL

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify) ▼

State: District:

Date of Disbursement: MM / DD / YYYY 01 / 29 / 2016

Transaction ID : SB23.289399

Amount of Each Disbursement this Period: 1250.00

Category/Type

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 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)
DONALD J. TRUMP FOR PRESIDENT, INC.

Full Name (Last, First, Middle Initial) A. FRANK MORAN		Date of Disbursement MM / DD / YYYY 01 / 14 / 2016
Mailing Address 725 5TH AVENUE		Transaction ID : SB23.289305
City NEW YORK	State NY	
Zip Code 10022	Purpose of Disbursement PAYROLL	Amount of Each Disbursement this Period 123,456.78
Candidate Name	Category/ Type	
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. FRANK MORAN		Date of Disbursement MM / DD / YYYY 01 / 29 / 2016
Mailing Address 725 5TH AVENUE		Transaction ID : SB23.289400
City NEW YORK	State NY	
Zip Code 10022	Purpose of Disbursement PAYROLL	Amount of Each Disbursement this Period 123,456.78
Candidate Name	Category/ Type	
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. MORRIS GLOBAL STRATEGIES		Date of Disbursement MM / DD / YYYY 01 / 12 / 2016
Mailing Address 1113 MURFREESBORO ROAD SUITE 106-262		Transaction ID : SB23.289109
City FRANKLIN	State TN	
Zip Code 37064	Purpose of Disbursement FIELD CONSULTING	Amount of Each Disbursement this Period 123,456.78
Candidate Name	Category/ Type	
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)..... 12460.75

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)
DONALD J. TRUMP FOR PRESIDENT, INC.

Full Name (Last, First, Middle Initial) A. MORRIS GLOBAL STRATEGIES		Date of Disbursement MM / DD / YYYY 01 / 30 / 2016
Mailing Address 1113 MURFREESBORO ROAD SUITE 106-262		Transaction ID : SB23.289108
City FRANKLIN	State TN	
Purpose of Disbursement FIELD CONSULTING	Candidate Name	Amount of Each Disbursement this Period 10457.30
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. CHARLES MUNOZ		Date of Disbursement MM / DD / YYYY 01 / 14 / 2016
Mailing Address 725 FIFTH AVENUE		Transaction ID : SB23.289306
City NEW YORK	State NY	
Purpose of Disbursement PAYROLL	Candidate Name	Amount of Each Disbursement this Period 6000.00
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 MUNOZ		Date of Disbursement MM / DD / YYYY 01 / 29 / 2016
Mailing Address 725 FIFTH AVENUE		Transaction ID : SB23.289401
City NEW YORK	State NY	
Purpose of Disbursement PAYROLL	Candidate Name	Amount of Each Disbursement this Period 6000.00
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)..... 22457.30

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)
DONALD J. TRUMP FOR PRESIDENT, INC.

Full Name (Last, First, Middle Initial) A. CHARLES MUNOZ		Date of Disbursement MM / DD / YYYY 01 / 29 / 2016
Mailing Address 725 FIFTH AVENUE		Transaction ID : SB23.289543
City NEW YORK	State NY	
Zip Code 10022	Purpose of Disbursement TRAVEL EXPENSE REIMBURSEMENT: ITEMIZATION BELOW IF REQUIRED	Amount of Each Disbursement this Period 872.90
Candidate Name	Category/ Type 101	
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. CHARLES MUNOZ		Date of Disbursement MM / DD / YYYY 01 / 29 / 2016
Mailing Address 725 FIFTH AVENUE		Transaction ID : SB23.289926
City NEW YORK	State NY	
Zip Code 10022	Purpose of Disbursement IN-KIND: OFFICE SUPPLIES	Amount of Each Disbursement this Period 760.84
Candidate Name	Category/ Type	
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 MUNOZ		Date of Disbursement MM / DD / YYYY 01 / 29 / 2016
Mailing Address 725 FIFTH AVENUE		Transaction ID : SB23.289930
City NEW YORK	State NY	
Zip Code 10022	Purpose of Disbursement IN-KIND: PRINTING AND DESIGN SERVICES	Amount of Each Disbursement this Period 304.28
Candidate Name	Category/ Type	
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)..... 1938.02

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 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)
DONALD J. TRUMP FOR PRESIDENT, INC.

Full Name (Last, First, Middle Initial) A. CHARLES MUNOZ		Date of Disbursement MM / DD / YYYY 01 / 31 / 2016
Mailing Address 725 FIFTH AVENUE		Transaction ID : SB23.289542
City NEW YORK	State NY	
Zip Code 10022	Purpose of Disbursement IN-PERIOD EXPENSE REIMBURSEMENT: ITEMIZATION BELOW IF REQUIRED	Amount of Each Disbursement this Period 831.61
Candidate Name	Category/Type 101	
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. MUSCATINE HIGH SCHOOL DISTRICT		Date of Disbursement MM / DD / YYYY 01 / 15 / 2016
Mailing Address 2705(A) CEDAR STREET		Transaction ID : SB23.289054
City MUSCATINE	State IA	
Zip Code 52761	Purpose of Disbursement FACILITY RENTAL	Amount of Each Disbursement this Period 928.98
Candidate Name	Category/Type	
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. MUSIC EXPRESS INC.		Date of Disbursement MM / DD / YYYY 01 / 05 / 2016
Mailing Address 1801 W. OLYMPIC BLVD.		Transaction ID : SB23.289587
City PASADENA	State CA	
Zip Code 91199	Purpose of Disbursement TRAVEL: GROUND TRANSPORTATION	Amount of Each Disbursement this Period 5604.54
Candidate Name	Category/Type	
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)..... 7365.13

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

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(check only one)

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23 24 25 26 27a
 27b 28a 28b 28c 29

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NAME OF COMMITTEE (In Full)
DONALD J. TRUMP FOR PRESIDENT, INC.

Full Name (Last, First, Middle Initial) A. MUSIC EXPRESS INC.		Date of Disbursement MM / DD / YYYY 01 / 31 / 2016
Mailing Address 1801 W. OLYMPIC BLVD.		Transaction ID : SB23.289586
City PASADENA State CA Zip Code 91199	Amount of Each Disbursement this Period 110.40	
Purpose of Disbursement TRAVEL: GROUND TRANSPORTATION	Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type
State: District:		

Full Name (Last, First, Middle Initial) B. BRADLEY NAGEL		Date of Disbursement MM / DD / YYYY 01 / 22 / 2016
Mailing Address 1524 1ST AVENUE UNIT C		Transaction ID : SB23.289119
City CORALVILLE State IA Zip Code 52241	Amount of Each Disbursement this Period 7592.52	
Purpose of Disbursement FIELD CONSULTING	Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type
State: District:		

Full Name (Last, First, Middle Initial) C. BRADLEY NAGEL		Date of Disbursement MM / DD / YYYY 01 / 30 / 2016
Mailing Address 1524 1ST AVENUE UNIT C		Transaction ID : SB23.289118
City CORALVILLE State IA Zip Code 52241	Amount of Each Disbursement this Period 3500.00	
Purpose of Disbursement FIELD CONSULTING	Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type
State: District:		

Subtotal Of Receipts This Page (optional)..... 11202.92

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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(check only one)

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<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)
DONALD J. TRUMP FOR PRESIDENT, INC.

Full Name (Last, First, Middle Initial) A. NASHUA POLICE DEPARTMENT		Date of Disbursement MM / DD / YYYY 01 / 05 / 2016
Mailing Address PO BOX 785		Transaction ID : SB23.289509
City NASHUA	State NH	
Zip Code 03061	Purpose of Disbursement SECURITY SERVICES	Amount of Each Disbursement this Period 1051.10
Candidate Name	Category/ Type	
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. NASHUA POLICE DEPARTMENT		Date of Disbursement MM / DD / YYYY 01 / 20 / 2016
Mailing Address PO BOX 785		Transaction ID : SB23.289508
City NASHUA	State NH	
Zip Code 03061	Purpose of Disbursement SECURITY SERVICES	Amount of Each Disbursement this Period 255.99
Candidate Name	Category/ Type	
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. NASHUA SCHOOL DISTRICT #42		Date of Disbursement MM / DD / YYYY 01 / 31 / 2016
Mailing Address 141 LEDGE ST.		Transaction ID : SB23.289055
City NASHUA	State NH	
Zip Code 03060	Purpose of Disbursement FACILITY RENTAL	Amount of Each Disbursement this Period 815.00
Candidate Name	Category/ Type	
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)..... 2122.09

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)
DONALD J. TRUMP FOR PRESIDENT, INC.

Full Name (Last, First, Middle Initial) A. NATIONAL BALLOT ACCESS		Date of Disbursement MM / DD / YYYY 01 / 04 / 2016
Mailing Address 1111 STEEPLE RUN		Transaction ID : SB23.288911
City LAWRENCEVILLE	State GA	
Purpose of Disbursement BALLOT ACCESS CONSULTING		Amount of Each Disbursement this Period 91922.39
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type
State:	District:	

Full Name (Last, First, Middle Initial) B. NATIONAL BALLOT ACCESS		Date of Disbursement MM / DD / YYYY 01 / 19 / 2016
Mailing Address 1111 STEEPLE RUN		Transaction ID : SB23.288910
City LAWRENCEVILLE	State GA	
Purpose of Disbursement BALLOT ACCESS CONSULTING		Amount of Each Disbursement this Period 70622.53
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type
State:	District:	

Full Name (Last, First, Middle Initial) C. NATIONAL CAR RENTAL		Date of Disbursement MM / DD / YYYY 12 / 20 / 2015
Mailing Address 5500-44TH STREET SE		Transaction ID : SB23.289746
City GRAND RAPIDS	State MI	
Purpose of Disbursement TRAVEL: CAR RENTAL [AMEX: SB23.288951]		Amount of Each Disbursement this Period 529.75
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type
State:	District:	

Subtotal Of Receipts This Page (optional)..... 162544.92

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
DONALD J. TRUMP FOR PRESIDENT, INC.

Full Name (Last, First, Middle Initial) A. NATIONAL CAR RENTAL		Date of Disbursement MM / DD / YYYY 12 / 22 / 2015
Mailing Address 5500-44TH STREET SE		Transaction ID : SB23.289641
City GRAND RAPIDS State MI Zip Code 49508	Amount of Each Disbursement this Period 260.85	
Purpose of Disbursement TRAVEL: CAR RENTAL [AMEX: SB23.288951]	Candidate Name	[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. NCDA & CS STATE FAIR		Date of Disbursement MM / DD / YYYY 11 / 30 / 2015
Mailing Address 1010 MAIL SERVICE CENTER		Transaction ID : SB23.289828
City RALEIGH State NC Zip Code 27607	Amount of Each Disbursement this Period 3100.00	
Purpose of Disbursement FACILITY RENTAL/CATERING SERVICES [AMEX: SB23.288951]	Candidate Name	[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. SONYA NEWMAN		Date of Disbursement MM / DD / YYYY 01 / 29 / 2016
Mailing Address 725 5TH AVENUE		Transaction ID : SB23.289403
City NEW YORK State NY Zip Code 10022	Amount of Each Disbursement this Period 2000.00	
Purpose of Disbursement PAYROLL	Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Subtotal Of Receipts This Page (optional).....	2000.00
Total This Period (last page this line number only).....	

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
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(check only one)

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<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)
DONALD J. TRUMP FOR PRESIDENT, INC.

Full Name (Last, First, Middle Initial) A. CRISTINA NOLAN		Date of Disbursement MM / DD / YYYY 01 / 21 / 2016
Mailing Address 725 5TH AVENUE		Transaction ID : SB23.289231
City NEW YORK	State NY	
Zip Code 10022	Purpose of Disbursement PAYROLL	Amount of Each Disbursement this Period 923.20
Candidate Name	Category/ Type	
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. CRISTINA NOLAN		Date of Disbursement MM / DD / YYYY 01 / 29 / 2016
Mailing Address 725 5TH AVENUE		Transaction ID : SB23.289404
City NEW YORK	State NY	
Zip Code 10022	Purpose of Disbursement PAYROLL	Amount of Each Disbursement this Period 1000.00
Candidate Name	Category/ Type	
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. NV ENERGY		Date of Disbursement MM / DD / YYYY 11 / 30 / 2015
Mailing Address 6226 W SAHARA AVE		Transaction ID : SB23.289741
City LAS VEGAS	State NV	
Zip Code 89151	Purpose of Disbursement UTILITIES [AMEX: SB23.288951]	Amount of Each Disbursement this Period 507.53
Candidate Name	Category/ Type	
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)..... 1923.20

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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FOR LINE NUMBER:
(check only one)

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<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)
DONALD J. TRUMP FOR PRESIDENT, INC.

Full Name (Last, First, Middle Initial) A. ORAL ROBERTS UNIVERSITY		Date of Disbursement MM / DD / YYYY 01 / 12 / 2016
Mailing Address 7777 SOUTH LEWIS AVENUE		Transaction ID : SB23.289057
City TULSA	State OK	
Zip Code 74171	Purpose of Disbursement FACILITY RENTAL	Amount of Each Disbursement this Period 7500.00
Candidate Name	Category/Type	
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. P.A. REALTY TRUST		Date of Disbursement MM / DD / YYYY 01 / 06 / 2016
Mailing Address 488 KING STREET		Transaction ID : SB23.289476
City LITTLETON	State MA	
Zip Code 01460	Purpose of Disbursement RENT AND UTILITIES	Amount of Each Disbursement this Period 2000.00
Candidate Name	Category/Type	
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. MARK PARSONS		Date of Disbursement MM / DD / YYYY 01 / 14 / 2016
Mailing Address 725 5TH AVENUE		Transaction ID : SB23.289207
City NEW YORK	State NY	
Zip Code 10022	Purpose of Disbursement PAYROLL	Amount of Each Disbursement this Period 1711.44
Candidate Name	Category/Type	
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)..... 11211.44

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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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)
DONALD J. TRUMP FOR PRESIDENT, INC.

Full Name (Last, First, Middle Initial) A. PIRYX		Date of Disbursement MM / DD / YYYY 01 / 04 / 2016
Mailing Address 144 2ND ST. 1ST FLOOR		Transaction ID : SB23.289143
City SAN FRANCISCO	State CA	
Purpose of Disbursement MERCHANT FEES	Candidate Name	Amount of Each Disbursement this Period 4.62
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. PIRYX		Date of Disbursement MM / DD / YYYY 01 / 07 / 2016
Mailing Address 144 2ND ST. 1ST FLOOR		Transaction ID : SB23.289141
City SAN FRANCISCO	State CA	
Purpose of Disbursement MERCHANT FEES	Candidate Name	Amount of Each Disbursement this Period 1.05
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. PIRYX		Date of Disbursement MM / DD / YYYY 01 / 08 / 2016
Mailing Address 144 2ND ST. 1ST FLOOR		Transaction ID : SB23.289152
City SAN FRANCISCO	State CA	
Purpose of Disbursement MERCHANT FEES	Candidate Name	Amount of Each Disbursement this Period 69.30
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)..... 74.97

Total This Period (last page this line number only)..... 74.97

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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 27b 28a 28b 28c 29

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NAME OF COMMITTEE (In Full)
DONALD J. TRUMP FOR PRESIDENT, INC.

Full Name (Last, First, Middle Initial) A. PIRYX		Date of Disbursement MM / DD / YYYY 01 / 13 / 2016
Mailing Address 144 2ND ST. 1ST FLOOR		Transaction ID : SB23.289147
City SAN FRANCISCO	State CA	
Purpose of Disbursement MERCHANT FEES	Zip Code 94105	Amount of Each Disbursement this Period 9,999.99 19.74
Candidate Name	Category/ Type	
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. PIRYX		Date of Disbursement MM / DD / YYYY 01 / 14 / 2016
Mailing Address 144 2ND ST. 1ST FLOOR		Transaction ID : SB23.289151
City SAN FRANCISCO	State CA	
Purpose of Disbursement MERCHANT FEES	Zip Code 94105	Amount of Each Disbursement this Period 9,999.99 57.76
Candidate Name	Category/ Type	
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. PIRYX		Date of Disbursement MM / DD / YYYY 01 / 15 / 2016
Mailing Address 144 2ND ST. 1ST FLOOR		Transaction ID : SB23.289146
City SAN FRANCISCO	State CA	
Purpose of Disbursement MERCHANT FEES	Zip Code 94105	Amount of Each Disbursement this Period 9,999.99 16.80
Candidate Name	Category/ Type	
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)..... 94.30

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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FOR LINE NUMBER:
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<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)
DONALD J. TRUMP FOR PRESIDENT, INC.

Full Name (Last, First, Middle Initial) A. PIRYX		Date of Disbursement MM / DD / YYYY 01 / 15 / 2016
Mailing Address 144 2ND ST. 1ST FLOOR		Transaction ID : SB23.289148
City SAN FRANCISCO	State CA	
Purpose of Disbursement MERCHANT FEES	Candidate Name	Amount of Each Disbursement this Period \$ 29.00
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. PIRYX		Date of Disbursement MM / DD / YYYY 01 / 20 / 2016
Mailing Address 144 2ND ST. 1ST FLOOR		Transaction ID : SB23.289145
City SAN FRANCISCO	State CA	
Purpose of Disbursement MERCHANT FEES	Candidate Name	Amount of Each Disbursement this Period \$ 6.09
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. PIRYX		Date of Disbursement MM / DD / YYYY 01 / 20 / 2016
Mailing Address 144 2ND ST. 1ST FLOOR		Transaction ID : SB23.289150
City SAN FRANCISCO	State CA	
Purpose of Disbursement MERCHANT FEES	Candidate Name	Amount of Each Disbursement this Period \$ 38.97
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)..... **\$ 74.06**

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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<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)
DONALD J. TRUMP FOR PRESIDENT, INC.

Full Name (Last, First, Middle Initial) A. PIRYX		Date of Disbursement MM / DD / YYYY 01 / 25 / 2016
Mailing Address 144 2ND ST. 1ST FLOOR		Transaction ID : SB23.289142
City SAN FRANCISCO	State CA	
Purpose of Disbursement MERCHANT FEES	Candidate Name	Amount of Each Disbursement this Period 4.32
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. PIRYX		Date of Disbursement MM / DD / YYYY 01 / 27 / 2016
Mailing Address 144 2ND ST. 1ST FLOOR		Transaction ID : SB23.289149
City SAN FRANCISCO	State CA	
Purpose of Disbursement MERCHANT FEES	Candidate Name	Amount of Each Disbursement this Period 29.00
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. PIRYX		Date of Disbursement MM / DD / YYYY 01 / 29 / 2016
Mailing Address 144 2ND ST. 1ST FLOOR		Transaction ID : SB23.289144
City SAN FRANCISCO	State CA	
Purpose of Disbursement MERCHANT FEES	Candidate Name	Amount of Each Disbursement this Period 5.04
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)..... **38.36**

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)
DONALD J. TRUMP FOR PRESIDENT, INC.

Full Name (Last, First, Middle Initial) A. TAYLOR PLAYFORTH		Date of Disbursement MM / DD / YYYY 01 / 14 / 2016
Mailing Address 725 5TH AVENUE		Transaction ID : SB23.289309
City NEW YORK	State NY	
Purpose of Disbursement PAYROLL	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) B. TAYLOR PLAYFORTH		Date of Disbursement MM / DD / YYYY 01 / 29 / 2016
Mailing Address 725 5TH AVENUE		Transaction ID : SB23.289405
City NEW YORK	State NY	
Purpose of Disbursement PAYROLL	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. TAYLOR PLAYFORTH		Date of Disbursement MM / DD / YYYY 01 / 30 / 2016
Mailing Address 725 5TH AVENUE		Transaction ID : SB23.289580
City NEW YORK	State NY	
Purpose of Disbursement TRAVEL EXPENSE REIMBURSEMENT: ITEMIZATION BELOW IF REQUIRED	Candidate Name	Amount of Each Disbursement this Period 898.37
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 101	

Subtotal Of Receipts This Page (optional)..... 5898.37

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)
DONALD J. TRUMP FOR PRESIDENT, INC.

Full Name (Last, First, Middle Initial) A. TAYLOR PLAYFORTH		Date of Disbursement MM / DD / YYYY 01 / 30 / 2016
Mailing Address 725 5TH AVENUE		Transaction ID : SB23.289913
City NEW YORK	State NY	
Purpose of Disbursement TRAVEL: MILEAGE [PLAYFORTH: SB23.289580]		Amount of Each Disbursement this Period 656.32
Candidate Name		[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. PLYMOUTH STATE UNIVERSITY		Date of Disbursement MM / DD / YYYY 01 / 31 / 2016
Mailing Address 17 HIGH STREET		Transaction ID : SB23.289059
City PLYMOUTH	State NH	
Purpose of Disbursement FACILITY RENTAL		Amount of Each Disbursement this Period 1200.00
Candidate Name		[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. MEGAN POWERS		Date of Disbursement MM / DD / YYYY 01 / 14 / 2016
Mailing Address 725 FIFTH AVENUE		Transaction ID : SB23.289310
City NEW YORK	State NY	
Purpose of Disbursement PAYROLL		Amount of Each Disbursement this Period 1750.00
Candidate Name		[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)..... 2950.00

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)
DONALD J. TRUMP FOR PRESIDENT, INC.

Full Name (Last, First, Middle Initial) A. MEGAN POWERS		Date of Disbursement MM / DD / YYYY 01 / 29 / 2016
Mailing Address 725 FIFTH AVENUE		Transaction ID : SB23.289406
City NEW YORK	State NY	
Zip Code 10022	Purpose of Disbursement PAYROLL	Amount of Each Disbursement this Period 1750.00
Candidate Name	Category/Type	
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. MEGAN POWERS		Date of Disbursement MM / DD / YYYY 01 / 30 / 2016
Mailing Address 725 FIFTH AVENUE		Transaction ID : SB23.289570
City NEW YORK	State NY	
Zip Code 10022	Purpose of Disbursement TRAVEL EXPENSE REIMBURSEMENT: ITEMIZATION BELOW IF REQUIRED	Amount of Each Disbursement this Period 119.12
Candidate Name	Category/Type 101	
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. PRICELINE.COM		Date of Disbursement MM / DD / YYYY 01 / 22 / 2016
Mailing Address 800 CONNECTICUT AVE		Transaction ID : SB23.289892
City NORWALK	State CT	
Zip Code 06854	Purpose of Disbursement TRAVEL: LODGING [MAHROUM: SB23.289555]	Amount of Each Disbursement this Period 300.71
Candidate Name	Category/Type	
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)..... 1869.12

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)
DONALD J. TRUMP FOR PRESIDENT, INC.

Full Name (Last, First, Middle Initial) A. PRODUCTION DESIGN ASSOCIATES, INC.		Date of Disbursement MM / DD / YYYY 01 / 05 / 2016
Mailing Address 2799 THREE LAKES ROAD		Transaction ID : SB23.288991
City N. CHARLESTON State SC Zip Code 29418	Amount of Each Disbursement this Period 10461.47	
Purpose of Disbursement EVENT STAGING EXPENSE	Candidate Name	Category/ Type
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. PRODUCTION DESIGN ASSOCIATES, INC.		Date of Disbursement MM / DD / YYYY 01 / 12 / 2016
Mailing Address 2799 THREE LAKES ROAD		Transaction ID : SB23.288992
City N. CHARLESTON State SC Zip Code 29418	Amount of Each Disbursement this Period 16714.04	
Purpose of Disbursement EVENT STAGING EXPENSE	Candidate Name	Category/ Type
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. PRODUCTION DESIGN ASSOCIATES, INC.		Date of Disbursement MM / DD / YYYY 01 / 25 / 2016
Mailing Address 2799 THREE LAKES ROAD		Transaction ID : SB23.288993
City N. CHARLESTON State SC Zip Code 29418	Amount of Each Disbursement this Period 19618.15	
Purpose of Disbursement EVENT STAGING EXPENSE	Candidate Name	Category/ Type
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)..... 46793.66

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)
DONALD J. TRUMP FOR PRESIDENT, INC.

Full Name (Last, First, Middle Initial) A. PROMANIA		Date of Disbursement MM / DD / YYYY 01 / 05 / 2016
Mailing Address PO BOX 587		Transaction ID : SB23.288994
City NEWPORT	State NH	
Zip Code 03773	Purpose of Disbursement EVENT STAGING EXPENSE	Amount of Each Disbursement this Period 1000.00
Candidate Name	Category/ Type	
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. PROMANIA		Date of Disbursement MM / DD / YYYY 01 / 07 / 2016
Mailing Address PO BOX 587		Transaction ID : SB23.288995
City NEWPORT	State NH	
Zip Code 03773	Purpose of Disbursement EVENT STAGING EXPENSE	Amount of Each Disbursement this Period 2145.00
Candidate Name	Category/ Type	
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. PROMANIA		Date of Disbursement MM / DD / YYYY 01 / 12 / 2016
Mailing Address PO BOX 587		Transaction ID : SB23.288996
City NEWPORT	State NH	
Zip Code 03773	Purpose of Disbursement EVENT STAGING EXPENSE	Amount of Each Disbursement this Period 3500.00
Candidate Name	Category/ Type	
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)..... 6645.00

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)

23 24 25 26 27a
 27b 28a 28b 28c 29

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NAME OF COMMITTEE (In Full)
DONALD J. TRUMP FOR PRESIDENT, INC.

Full Name (Last, First, Middle Initial)
A. PRO PRODUCTION SERVICES, LLC

Mailing Address 3532 E. ELWOOD ST.

City PHOENIX State AZ Zip Code 85040

Purpose of Disbursement
EVENT STAGING EXPENSE

Candidate Name

Office Sought: House Disbursement For: 2016
 Senate Primary General
 President Other (specify) ▼

State: District:

Date of Disbursement: 01 / 08 / 2016

Transaction ID : SB23.288990

Amount of Each Disbursement this Period: 22862.29

Category/Type

Full Name (Last, First, Middle Initial)
B. JOHN PUGHE

Mailing Address 725 5TH AVENUE

City NEW YORK State NY Zip Code 10022

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House Disbursement For: 2016
 Senate Primary General
 President Other (specify) ▼

State: District:

Date of Disbursement: 01 / 14 / 2016

Transaction ID : SB23.289311

Amount of Each Disbursement this Period: 1750.00

Category/Type

Full Name (Last, First, Middle Initial)
C. JOHN PUGHE

Mailing Address 725 5TH AVENUE

City NEW YORK State NY Zip Code 10022

Purpose of Disbursement
TRAVEL EXPENSE REMBURSEMENT: ITEMIZATION BELOW IF
REQUIRED

Candidate Name

Office Sought: House Disbursement For: 2016
 Senate Primary General
 President Other (specify) ▼

State: District:

Date of Disbursement: 01 / 27 / 2016

Transaction ID : SB23.289584

Amount of Each Disbursement this Period: 1815.02

Category/Type: 101

Subtotal Of Receipts This Page (optional)..... 26427.31

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)
DONALD J. TRUMP FOR PRESIDENT, INC.

Full Name (Last, First, Middle Initial) A. JOHN PUGHE		Date of Disbursement MM / DD / YYYY 01 / 27 / 2016
Mailing Address 725 5TH AVENUE		Transaction ID : SB23.289916
City NEW YORK	State NY	
Zip Code 10022	Purpose of Disbursement TRAVEL: MILEAGE [PUGHE: SB23.289584]	Amount of Each Disbursement this Period 789.08
Candidate Name	Category/Type	[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 PUGHE		Date of Disbursement MM / DD / YYYY 01 / 29 / 2016
Mailing Address 725 5TH AVENUE		Transaction ID : SB23.289407
City NEW YORK	State NY	
Zip Code 10022	Purpose of Disbursement PAYROLL	Amount of Each Disbursement this Period 1750.00
Candidate Name	Category/Type	
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. JOHN PUGHE		Date of Disbursement MM / DD / YYYY 01 / 31 / 2016
Mailing Address 725 5TH AVENUE		Transaction ID : SB23.289560
City NEW YORK	State NY	
Zip Code 10022	Purpose of Disbursement TRAVEL EXPENSE REIMBURSEMENT: ITEMIZATION BELOW IF REQUIRED	Amount of Each Disbursement this Period 1701.40
Candidate Name	Category/Type 101	
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)..... 3451.40

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

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23 24 25 26 27a
 27b 28a 28b 28c 29

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NAME OF COMMITTEE (In Full)
DONALD J. TRUMP FOR PRESIDENT, INC.

Full Name (Last, First, Middle Initial) A. DEBORAH REITER		Date of Disbursement MM / DD / YYYY 01 / 14 / 2016
Mailing Address 725 5TH AVENUE		Transaction ID : SB23.289313
City NEW YORK	State NY	
Zip Code 10022	Purpose of Disbursement PAYROLL	Amount of Each Disbursement this Period 1750.00
Candidate Name	Category/Type	
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. DEBORAH REITER		Date of Disbursement MM / DD / YYYY 01 / 29 / 2016
Mailing Address 725 5TH AVENUE		Transaction ID : SB23.289408
City NEW YORK	State NY	
Zip Code 10022	Purpose of Disbursement PAYROLL	Amount of Each Disbursement this Period 1750.00
Candidate Name	Category/Type	
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. DEBORAH REITER		Date of Disbursement MM / DD / YYYY 01 / 31 / 2016
Mailing Address 725 5TH AVENUE		Transaction ID : SB23.289550
City NEW YORK	State NY	
Zip Code 10022	Purpose of Disbursement TRAVEL EXPENSE REIMBURSEMENT: ITEMIZATION BELOW IF REQUIRED	Amount of Each Disbursement this Period 474.83
Candidate Name	Category/Type 101	
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)..... 3974.83

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
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<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)
DONALD J. TRUMP FOR PRESIDENT, INC.

Full Name (Last, First, Middle Initial) A. DEBORAH REITER		Date of Disbursement MM / DD / YYYY 01 / 31 / 2016
Mailing Address 725 5TH AVENUE		Transaction ID : SB23.289551
City NEW YORK	State NY	
Zip Code 10022	Purpose of Disbursement TRAVEL EXPENSE REIMBURSEMENT: ITEMIZATION BELOW IF REQUIRED	Amount of Each Disbursement this Period 603.18
Candidate Name	Category/Type 101	
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. RELIABLE EQUIPMENT		Date of Disbursement MM / DD / YYYY 01 / 12 / 2016
Mailing Address 59 SARGENT ROAD		Transaction ID : SB23.288960
City MANCHESTER	State NH	
Zip Code 03103	Purpose of Disbursement EQUIPMENT RENTAL	Amount of Each Disbursement this Period 2290.39
Candidate Name	Category/Type	
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. ELIAS RELLA		Date of Disbursement MM / DD / YYYY 01 / 14 / 2016
Mailing Address 725 5TH AVE		Transaction ID : SB23.289314
City NEW YORK	State NY	
Zip Code 10022	Purpose of Disbursement PAYROLL	Amount of Each Disbursement this Period 1150.00
Candidate Name	Category/Type	
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)..... 4043.57

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
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23 24 25 26 27a
 27b 28a 28b 28c 29

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NAME OF COMMITTEE (In Full)
DONALD J. TRUMP FOR PRESIDENT, INC.

Full Name (Last, First, Middle Initial) A. ELIAS RELLA		Date of Disbursement MM / DD / YYYY 01 / 20 / 2016
Mailing Address 725 5TH AVE		Transaction ID : SB23.289553
City NEW YORK	State NY	
Zip Code 10022	Purpose of Disbursement TRAVEL EXPENSE REIMBURSEMENT: ITEMIZATION BELOW IF REQUIRED	Amount of Each Disbursement this Period 1483.06
Candidate Name	Category/Type 101	
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. ELIAS RELLA		Date of Disbursement MM / DD / YYYY 01 / 20 / 2016
Mailing Address 725 5TH AVE		Transaction ID : SB23.289891
City NEW YORK	State NY	
Zip Code 10022	Purpose of Disbursement TRAVEL: MILEAGE [RELLA: SB23.289553]	Amount of Each Disbursement this Period 1424.50
Candidate Name	Category/Type	[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. ELIAS RELLA		Date of Disbursement MM / DD / YYYY 01 / 29 / 2016
Mailing Address 725 5TH AVE		Transaction ID : SB23.289409
City NEW YORK	State NY	
Zip Code 10022	Purpose of Disbursement PAYROLL	Amount of Each Disbursement this Period 1150.00
Candidate Name	Category/Type	
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)..... 2633.06

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)
DONALD J. TRUMP FOR PRESIDENT, INC.

Full Name (Last, First, Middle Initial) A. REPUBLICAN PARTY OF MN		Date of Disbursement MM / DD / YYYY 12 / 02 / 2015
Mailing Address 525 PARK ST STE 250		Transaction ID : SB23.289687
City SAINT PAUL	State MN Zip Code 55103	
Purpose of Disbursement EVENT REGISTRATION FEE [AMEX: SB23.288951]	Category/Type	Amount of Each Disbursement this Period 350.00
Candidate Name		[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. RICK REED MEDIA, INC.		Date of Disbursement MM / DD / YYYY 01 / 02 / 2016
Mailing Address 2601-A WILSON BLVD.		Transaction ID : SB23.289445
City ARLINGTON	State VA Zip Code 22201	
Purpose of Disbursement PLACED MEDIA	Category/Type	Amount of Each Disbursement this Period 2000000.00
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. RICK REED MEDIA, INC.		Date of Disbursement MM / DD / YYYY 01 / 13 / 2016
Mailing Address 2601-A WILSON BLVD.		Transaction ID : SB23.289442
City ARLINGTON	State VA Zip Code 22201	
Purpose of Disbursement PLACED MEDIA	Category/Type	Amount of Each Disbursement this Period 750000.00
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Subtotal Of Receipts This Page (optional)..... 2750000.00

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 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)
DONALD J. TRUMP FOR PRESIDENT, INC.

Full Name (Last, First, Middle Initial) A. RICK REED MEDIA, INC.		Date of Disbursement MM / DD / YYYY 01 / 14 / 2016
Mailing Address 2601-A WILSON BLVD.		Transaction ID : SB23.289444
City ARLINGTON State VA Zip Code 22201	Amount of Each Disbursement this Period 1250000.00	
Purpose of Disbursement PLACED MEDIA	Candidate Name	Category/ Type
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. RICK REED MEDIA, INC.		Date of Disbursement MM / DD / YYYY 01 / 20 / 2016
Mailing Address 2601-A WILSON BLVD.		Transaction ID : SB23.289446
City ARLINGTON State VA Zip Code 22201	Amount of Each Disbursement this Period 2000000.00	
Purpose of Disbursement PLACED MEDIA	Candidate Name	Category/ Type
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. RICK REED MEDIA, INC.		Date of Disbursement MM / DD / YYYY 01 / 28 / 2016
Mailing Address 2601-A WILSON BLVD.		Transaction ID : SB23.289443
City ARLINGTON State VA Zip Code 22201	Amount of Each Disbursement this Period 1217040.00	
Purpose of Disbursement PLACED MEDIA	Candidate Name	Category/ Type
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)..... 4467040.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
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<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)
DONALD J. TRUMP FOR PRESIDENT, INC.

Full Name (Last, First, Middle Initial) A. RINGCENTRAL, INC.		Date of Disbursement MM / DD / YYYY 12 / 11 / 2015
Mailing Address 20 DAVIS DRIVE		Transaction ID : SB23.289811
City BELMONT	State CA	
Purpose of Disbursement SOFTWARE [AMEX: SB23.288951]		Amount of Each Disbursement this Period 1115.67
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B. RIVERCENTER/ADLER THEATER		Date of Disbursement MM / DD / YYYY 01 / 22 / 2016
Mailing Address 136 E 3RD ST		Transaction ID : SB23.289061
City DAVENPORT	State IA	
Purpose of Disbursement FACILITY RENTAL		Amount of Each Disbursement this Period 3350.00
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) C. ROSTNA, LLC		Date of Disbursement MM / DD / YYYY 01 / 08 / 2016
Mailing Address 3210 BINGLE ROAD, SUITE 300		Transaction ID : SB23.289478
City HOUSTON	State TX	
Purpose of Disbursement RENT AND UTILITIES		Amount of Each Disbursement this Period 3723.28
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

Subtotal Of Receipts This Page (optional)..... 7073.28

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

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<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)
DONALD J. TRUMP FOR PRESIDENT, INC.

Full Name (Last, First, Middle Initial) A. RUNRED, LLC		Date of Disbursement MM / DD / YYYY 01 / 05 / 2016
Mailing Address 10348 CELTIC DRIVE, APT. 5		Transaction ID : SB23.289111
City BATON ROUGE	State LA	
Purpose of Disbursement FIELD CONSULTING	Candidate Name	Amount of Each Disbursement this Period 4000.00
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. RUNRED, LLC		Date of Disbursement MM / DD / YYYY 01 / 31 / 2016
Mailing Address 10348 CELTIC DRIVE, APT. 5		Transaction ID : SB23.289112
City BATON ROUGE	State LA	
Purpose of Disbursement FIELD CONSULTING	Candidate Name	Amount of Each Disbursement this Period 8000.00
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. SCAVINO & ASSOCIATES, LLC		Date of Disbursement MM / DD / YYYY 01 / 05 / 2016
Mailing Address 47 ST. ANDREWS LN.		Transaction ID : SB23.289525
City HOPEWELL JUNCTION	State NY	
Purpose of Disbursement STRATEGY CONSULTING	Candidate Name	Amount of Each Disbursement this Period 10000.00
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)..... 22000.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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<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)
DONALD J. TRUMP FOR PRESIDENT, INC.

Full Name (Last, First, Middle Initial) A. ROBERT SCOTT		Date of Disbursement MM / DD / YYYY 01 / 21 / 2016
Mailing Address 2821 COMANCHE DRIVE		Transaction ID : SB23.289131
City KETTERING	State OH	
Purpose of Disbursement FIELD CONSULTING		Amount of Each Disbursement this Period 10157.36
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) B. ROBERT SCOTT		Date of Disbursement MM / DD / YYYY 01 / 30 / 2016
Mailing Address 2821 COMANCHE DRIVE		Transaction ID : SB23.289130
City KETTERING	State OH	
Purpose of Disbursement FIELD CONSULTING		Amount of Each Disbursement this Period 8000.00
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) C. ROBERT SCOTT		Date of Disbursement MM / DD / YYYY 01 / 30 / 2016
Mailing Address 2821 COMANCHE DRIVE		Transaction ID : SB23.289136
City KETTERING	State OH	
Purpose of Disbursement FIELD CONSULTING PPV		Amount of Each Disbursement this Period -8000.00
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Subtotal Of Receipts This Page (optional)..... 10157.36

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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Detailed Summary Page

FOR LINE NUMBER:
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<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)
DONALD J. TRUMP FOR PRESIDENT, INC.

Full Name (Last, First, Middle Initial) A. STEPHANI SCRUGGS		Date of Disbursement MM / DD / YYYY 01 / 14 / 2016
Mailing Address 725 5TH AVENUE		Transaction ID : SB23.289315
City NEW YORK	State NY	
Purpose of Disbursement PAYROLL	Candidate Name	Amount of Each Disbursement this Period 1500.00
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. STEPHANI SCRUGGS		Date of Disbursement MM / DD / YYYY 01 / 21 / 2016
Mailing Address 725 5TH AVENUE		Transaction ID : SB23.289232
City NEW YORK	State NY	
Purpose of Disbursement PAYROLL	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) ▼
State: _____ District: _____	Category/Type	

Full Name (Last, First, Middle Initial) C. STEPHANI SCRUGGS		Date of Disbursement MM / DD / YYYY 01 / 29 / 2016
Mailing Address 725 5TH AVENUE		Transaction ID : SB23.289410
City NEW YORK	State NY	
Purpose of Disbursement PAYROLL	Candidate Name	Amount of Each Disbursement this Period 1750.00
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)..... 3500.00

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)
DONALD J. TRUMP FOR PRESIDENT, INC.

Full Name (Last, First, Middle Initial) A. STEPHANI SCRUGGS		Date of Disbursement MM / DD / YYYY 01 / 31 / 2016
Mailing Address 725 5TH AVENUE		Transaction ID : SB23.289579
City NEW YORK	State NY	
Purpose of Disbursement TRAVEL EXPENSE REIMBURSEMENT: ITEMIZATION BELOW IF REQUIRED		Amount of Each Disbursement this Period 149.03
Candidate Name		Category/ Type 101
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. JEAN SEAVER		Date of Disbursement MM / DD / YYYY 01 / 14 / 2016
Mailing Address 725 5TH AVENUE		Transaction ID : SB23.289316
City NEW YORK	State NY	
Purpose of Disbursement PAYROLL		Amount of Each Disbursement this Period 750.00
Candidate Name		Category/ Type
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. JEAN SEAVER		Date of Disbursement MM / DD / YYYY 01 / 29 / 2016
Mailing Address 725 5TH AVENUE		Transaction ID : SB23.289411
City NEW YORK	State NY	
Purpose of Disbursement PAYROLL		Amount of Each Disbursement this Period 750.00
Candidate Name		Category/ Type
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)..... 1649.03

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 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)
DONALD J. TRUMP FOR PRESIDENT, INC.

Full Name (Last, First, Middle Initial) A. BEVERLY SEMPSROTT		Date of Disbursement MM / DD / YYYY 01 / 29 / 2016
Mailing Address 725 5TH AVENUE		Transaction ID : SB23.289413
City NEW YORK	State NY	
Purpose of Disbursement PAYROLL	Candidate Name	Amount of Each Disbursement this Period 2053.92
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. BEVERLY SEMPSROTT		Date of Disbursement MM / DD / YYYY 01 / 31 / 2016
Mailing Address 725 5TH AVENUE		Transaction ID : SB23.289536
City NEW YORK	State NY	
Purpose of Disbursement TRAVEL EXPENSE REIMBURSEMENT: ITEMIZATION BELOW IF REQUIRED	Candidate Name	Amount of Each Disbursement this Period 147.20
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. SHERATON CONVENTION CTR		Date of Disbursement MM / DD / YYYY 11 / 27 / 2015
Mailing Address 2101 N OAK ST		Transaction ID : SB23.289819
City MYRTLE BEACH	State SC	
Purpose of Disbursement AUTO INSURANCE [AMEX: SB23.288951]	Candidate Name	Amount of Each Disbursement this Period 1711.50
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)..... 2201.12

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
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<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)
DONALD J. TRUMP FOR PRESIDENT, INC.

Full Name (Last, First, Middle Initial) A. SHERATON IMPERIAL HOTEL		Date of Disbursement MM / DD / YYYY 12 / 04 / 2015
Mailing Address 4700 EMPEROR BLVD		Transaction ID : SB23.289657
City DURHAM	State NC	
Purpose of Disbursement TRAVEL: LODGING [AMEX: SB23.288951]		Amount of Each Disbursement this Period 281.21
Candidate Name		[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. SHERATON WEST DES MOINES		Date of Disbursement MM / DD / YYYY 01 / 07 / 2016
Mailing Address 1800 50TH STREET		Transaction ID : SB23.289063
City WEST DES MOINES	State IA	
Purpose of Disbursement FACILITY RENTAL		Amount of Each Disbursement this Period 2169.06
Candidate Name		[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. SIMPLE STRATEGIES, LLC		Date of Disbursement MM / DD / YYYY 01 / 21 / 2016
Mailing Address 2810 E. MARSHALL ST. #3		Transaction ID : SB23.289113
City RICHMOND	State VA	
Purpose of Disbursement FIELD CONSULTING		Amount of Each Disbursement this Period 8000.00
Candidate Name		[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)..... 10169.06

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
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<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)
DONALD J. TRUMP FOR PRESIDENT, INC.

Full Name (Last, First, Middle Initial) A. SIMPLE STRATEGIES, LLC		Date of Disbursement MM / DD / YYYY 01 / 30 / 2016
Mailing Address 2810 E. MARSHALL ST. #3		Transaction ID : SB23.289114
City RICHMOND	State VA	
Purpose of Disbursement FIELD CONSULTING	Candidate Name	Amount of Each Disbursement this Period 8000.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: _____ District: _____	Category/Type	

Full Name (Last, First, Middle Initial) B. JESSICA SKORICH		Date of Disbursement MM / DD / YYYY 01 / 28 / 2016
Mailing Address 39 AL?E DRIVE		Transaction ID : SB23.289461
City ROCHESTER	State NY	
Purpose of Disbursement PRINTING AND DESIGN SERVICES	Candidate Name	Amount of Each Disbursement this Period 490.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: _____ District: _____	Category/Type	

Full Name (Last, First, Middle Initial) C. JESSICA SKORICH		Date of Disbursement MM / DD / YYYY 01 / 30 / 2016
Mailing Address 39 AL?E DRIVE		Transaction ID : SB23.289462
City ROCHESTER	State NY	
Purpose of Disbursement PRINTING AND DESIGN SERVICES	Candidate Name	Amount of Each Disbursement this Period 525.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: _____ District: _____	Category/Type	

Subtotal Of Receipts This Page (optional)..... 9015.00

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 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)
DONALD J. TRUMP FOR PRESIDENT, INC.

Full Name (Last, First, Middle Initial) A. ERICK SLOMKOWSKI		Date of Disbursement MM / DD / YYYY 01 / 29 / 2016
Mailing Address 725 5TH AVENUE		Transaction ID : SB23.289415
City NEW YORK	State NY	
Purpose of Disbursement PAYROLL	Candidate Name	Amount of Each Disbursement this Period 1246.32
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. SMG - PENSACOLA BAY CENTER		Date of Disbursement MM / DD / YYYY 01 / 07 / 2016
Mailing Address 201 E. GREGORY ST.		Transaction ID : SB23.289065
City PENSACOLA	State FL	
Purpose of Disbursement FACILITY RENTAL	Candidate Name	Amount of Each Disbursement this Period 26875.00
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. GAVIN SMITH		Date of Disbursement MM / DD / YYYY 01 / 14 / 2016
Mailing Address 725 FIFTH AVENUE		Transaction ID : SB23.289317
City NEW YORK	State NY	
Purpose of Disbursement PAYROLL	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: _____	Category/Type	

Subtotal Of Receipts This Page (optional)..... 29121.32

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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<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)
DONALD J. TRUMP FOR PRESIDENT, INC.

Full Name (Last, First, Middle Initial) A. GAVIN SMITH		Date of Disbursement MM / DD / YYYY 01 / 29 / 2016
Mailing Address 725 FIFTH AVENUE		Transaction ID : SB23.289416
City NEW YORK	State NY	
Zip Code 10022	Purpose of Disbursement PAYROLL	Amount of Each Disbursement this Period 1000.00
Candidate Name	Category/ Type	
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. SMPS CONSULTING LLC		Date of Disbursement MM / DD / YYYY 01 / 19 / 2016
Mailing Address 2214 GLENRIDGE LANE		Transaction ID : SB23.289116
City CUMMING	State GA	
Zip Code 30041	Purpose of Disbursement FIELD CONSULTING	Amount of Each Disbursement this Period 18000.00
Candidate Name	Category/ Type	
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. SOUND ASSOCIATES, INC.		Date of Disbursement MM / DD / YYYY 01 / 07 / 2016
Mailing Address 5675 RABBIT CREEK DR.		Transaction ID : SB23.288907
City THEODORE	State AL	
Zip Code 36582	Purpose of Disbursement AUDIO VISUAL SERVICES	Amount of Each Disbursement this Period 13500.00
Candidate Name	Category/ Type	
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)..... 32500.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)
DONALD J. TRUMP FOR PRESIDENT, INC.

Full Name (Last, First, Middle Initial) A. SOUND ASSOCIATES, INC.		Date of Disbursement MM / DD / YYYY 01 / 31 / 2016
Mailing Address 5675 RABBIT CREEK DR.		Transaction ID : SB23.288906
City THEODORE	State AL Zip Code 36582	
Purpose of Disbursement AUDIO VISUAL SERVICES	Category/Type	Amount of Each Disbursement this Period 11500.00
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:		

Full Name (Last, First, Middle Initial) B. SOUTHWEST AIRLINES		Date of Disbursement MM / DD / YYYY 12 / 02 / 2015
Mailing Address 2702 LOVE FIELD DRIVE		Transaction ID : SB23.289718
City DALLAS	State TX Zip Code 75235	
Purpose of Disbursement TRAVEL: AIR [AMEX: SB23.288951]	Category/Type	Amount of Each Disbursement this Period 451.48
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:		

[MEMO ITEM]

Full Name (Last, First, Middle Initial) C. SOUTHWEST AIRLINES		Date of Disbursement MM / DD / YYYY 12 / 03 / 2015
Mailing Address 2702 LOVE FIELD DRIVE		Transaction ID : SB23.289714
City DALLAS	State TX Zip Code 75235	
Purpose of Disbursement TRAVEL: AIR [AMEX: SB23.288951]	Category/Type	Amount of Each Disbursement this Period 439.96
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:		

[MEMO ITEM]

Subtotal Of Receipts This Page (optional)..... 11500.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)
DONALD J. TRUMP FOR PRESIDENT, INC.

Full Name (Last, First, Middle Initial) A. SOUTHWEST AIRLINES		Date of Disbursement MM / DD / YYYY 12 / 12 / 2015
Mailing Address 2702 LOVE FIELD DRIVE		Transaction ID : SB23.289620
City DALLAS State TX Zip Code 75235	Amount of Each Disbursement this Period 231.98	
Purpose of Disbursement TRAVEL: AIR [AMEX: SB23.288951]	Candidate Name	[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. SOUTHWEST AIRLINES		Date of Disbursement MM / DD / YYYY 12 / 12 / 2015
Mailing Address 2702 LOVE FIELD DRIVE		Transaction ID : SB23.289719
City DALLAS State TX Zip Code 75235	Amount of Each Disbursement this Period 458.36	
Purpose of Disbursement TRAVEL: AIR [AMEX: SB23.288951]	Candidate Name	[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. SOUTHWEST AIRLINES		Date of Disbursement MM / DD / YYYY 12 / 17 / 2015
Mailing Address 2702 LOVE FIELD DRIVE		Transaction ID : SB23.289628
City DALLAS State TX Zip Code 75235	Amount of Each Disbursement this Period 243.98	
Purpose of Disbursement TRAVEL: AIR [AMEX: SB23.288951]	Candidate Name	[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)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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<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)
DONALD J. TRUMP FOR PRESIDENT, INC.

Full Name (Last, First, Middle Initial) A. SOUTHWEST AIRLINES		Date of Disbursement MM / DD / YYYY 12 / 17 / 2015
Mailing Address 2702 LOVE FIELD DRIVE		Transaction ID : SB23.289715
City DALLAS	State TX	
Zip Code 75235	Purpose of Disbursement TRAVEL: AIR [AMEX: SB23.288951]	Amount of Each Disbursement this Period 439.96
Candidate Name	Category/Type	[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. SPECIAL EVENTS OF NEW ENGLAND, LLC		Date of Disbursement MM / DD / YYYY 01 / 31 / 2016
Mailing Address PO BOX 5203		Transaction ID : SB23.288997
City MANCHESTER	State NH	
Zip Code 03108	Purpose of Disbursement EVENT STAGING EXPENSE	Amount of Each Disbursement this Period 5457.00
Candidate Name	Category/Type	
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. SPECIAL EVNTSNEW ENGLAND		Date of Disbursement MM / DD / YYYY 12 / 09 / 2015
Mailing Address 320 ROCKINGHAM RD STE 2		Transaction ID : SB23.289824
City AUBURN	State NH	
Zip Code 03032	Purpose of Disbursement FACILITY RENTAL/CATERING SERVICES [AMEX: SB23.288951]	Amount of Each Disbursement this Period 1875.00
Candidate Name	Category/Type	[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)..... 5457.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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<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)
DONALD J. TRUMP FOR PRESIDENT, INC.

Full Name (Last, First, Middle Initial) A. SPECTRUM MARKETING COMPANIES		Date of Disbursement MM / DD / YYYY 01 / 12 / 2016
Mailing Address 95 EDDY ROAD		Transaction ID : SB23.289455
City MANCHESTER	State NH	
Purpose of Disbursement PRINTING AND DESIGN SERVICES	Zip Code 03102	Amount of Each Disbursement this Period \$ 585.00
Candidate Name	Category/Type	
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. SPECTRUM MARKETING SERVICES		Date of Disbursement MM / DD / YYYY 12 / 16 / 2015
Mailing Address 95 EDDY RD STE 101		Transaction ID : SB23.289822
City MANCHESTER	State NH	
Purpose of Disbursement COMMUNICATIONS CONSULTING [AMEX: SB23.288951]	Zip Code 03102	Amount of Each Disbursement this Period \$ 1800.00
Candidate Name	Category/Type	[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. JEREMY SPRAGUE		Date of Disbursement MM / DD / YYYY 01 / 31 / 2016
Mailing Address 2165 SE OXFORD DRIVE		Transaction ID : SB23.289518
City WAUKEE	State IA	
Purpose of Disbursement SECURITY SERVICES	Zip Code 50263	Amount of Each Disbursement this Period \$ 630.00
Candidate Name	Category/Type	
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)..... **1215.00**

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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<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)
DONALD J. TRUMP FOR PRESIDENT, INC.

Full Name (Last, First, Middle Initial) A. STAPLES		Date of Disbursement MM / DD / YYYY 12 / 01 / 2015
Mailing Address 500 STAPLES DRIVE		Transaction ID : SB23.289716
City FRAMINGHAM	State MA	
Purpose of Disbursement OFFICE SUPPLIES [AMEX: SB23.288951]		Amount of Each Disbursement this Period 442.28
Candidate Name		[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. STAPLES		Date of Disbursement MM / DD / YYYY 12 / 01 / 2015
Mailing Address 500 STAPLES DRIVE		Transaction ID : SB23.289757
City FRAMINGHAM	State MA	
Purpose of Disbursement OFFICE SUPPLIES [AMEX: SB23.288951]		Amount of Each Disbursement this Period 578.81
Candidate Name		[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. STAPLES		Date of Disbursement MM / DD / YYYY 12 / 05 / 2015
Mailing Address 500 STAPLES DRIVE		Transaction ID : SB23.289801
City FRAMINGHAM	State MA	
Purpose of Disbursement OFFICE SUPPLIES [AMEX: SB23.288951]		Amount of Each Disbursement this Period 769.47
Candidate Name		[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)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
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NAME OF COMMITTEE (In Full)
DONALD J. TRUMP FOR PRESIDENT, INC.

Full Name (Last, First, Middle Initial) A. STAPLES		Date of Disbursement MM / DD / YYYY 12 / 11 / 2015
Mailing Address 500 STAPLES DRIVE		Transaction ID : SB23.289627
City FRAMINGHAM	State MA	
Purpose of Disbursement OFFICE SUPPLIES [AMEX: SB23.288951]		Amount of Each Disbursement this Period 243.86
Candidate Name		[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. STAPLES		Date of Disbursement MM / DD / YYYY 12 / 17 / 2015
Mailing Address 500 STAPLES DRIVE		Transaction ID : SB23.289813
City FRAMINGHAM	State MA	
Purpose of Disbursement OFFICE SUPPLIES [AMEX: SB23.288951]		Amount of Each Disbursement this Period 1228.49
Candidate Name		[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. STAPLES		Date of Disbursement MM / DD / YYYY 12 / 18 / 2015
Mailing Address 500 STAPLES DRIVE		Transaction ID : SB23.289629
City FRAMINGHAM	State MA	
Purpose of Disbursement OFFICE SUPPLIES [AMEX: SB23.288951]		Amount of Each Disbursement this Period 247.31
Candidate Name		[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)..... 0.00

Total This Period (last page this line number only).....

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NAME OF COMMITTEE (In Full)
DONALD J. TRUMP FOR PRESIDENT, INC.

Full Name (Last, First, Middle Initial) A. STAPLES		Date of Disbursement MM / DD / YYYY 12 / 18 / 2015
Mailing Address 500 STAPLES DRIVE		Transaction ID : SB23.289725
City FRAMINGHAM	State MA	
Purpose of Disbursement OFFICE SUPPLIES [AMEX: SB23.288951]		Amount of Each Disbursement this Period 467.68
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State:	District:	

Full Name (Last, First, Middle Initial) B. STAPLES		Date of Disbursement MM / DD / YYYY 12 / 18 / 2015
Mailing Address 500 STAPLES DRIVE		Transaction ID : SB23.289742
City FRAMINGHAM	State MA	
Purpose of Disbursement OFFICE SUPPLIES [AMEX: SB23.288951]		Amount of Each Disbursement this Period 516.20
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State:	District:	

Full Name (Last, First, Middle Initial) C. STAPLES		Date of Disbursement MM / DD / YYYY 01 / 09 / 2016
Mailing Address 500 STAPLES DRIVE		Transaction ID : SB23.289920
City FRAMINGHAM	State MA	
Purpose of Disbursement OFFICE SUPPLIES [MUNOZ SB23.289542]		Amount of Each Disbursement this Period 206.34
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State:	District:	

Subtotal Of Receipts This Page (optional)..... 0.00

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NAME OF COMMITTEE (In Full)
DONALD J. TRUMP FOR PRESIDENT, INC.

Full Name (Last, First, Middle Initial) A. STATCO		Date of Disbursement MM / DD / YYYY 01 / 30 / 2016
Mailing Address 8870 BUSINESS PARK DRIVE		Transaction ID : SB23.288953
City AUSTIN State TX Zip Code 78759	Amount of Each Disbursement this Period 2427.86	
Purpose of Disbursement DATA MANAGEMENT SERVICES	Candidate Name	Category/ Type
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. STEWART PARTNERS, LLC		Date of Disbursement MM / DD / YYYY 01 / 11 / 2016
Mailing Address 10015 WEST BROAD ST.		Transaction ID : SB23.289479
City GLEN ALLEN State VA Zip Code 23060	Amount of Each Disbursement this Period 2000.00	
Purpose of Disbursement RENT AND UTILITIES	Candidate Name	Category/ Type
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. STEWART PARTNERS, LLC		Date of Disbursement MM / DD / YYYY 01 / 31 / 2016
Mailing Address 10015 WEST BROAD ST.		Transaction ID : SB23.289480
City GLEN ALLEN State VA Zip Code 23060	Amount of Each Disbursement this Period 2000.00	
Purpose of Disbursement RENT AND UTILITIES	Candidate Name	Category/ Type
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)..... 6427.86

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)
DONALD J. TRUMP FOR PRESIDENT, INC.

Full Name (Last, First, Middle Initial) A. STRATEGY RESOURCES		Date of Disbursement MM / DD / YYYY 01 / 05 / 2016
Mailing Address 500 RIVERVIEW DRIVE		Transaction ID : SB23.289527
City ROCKFORD	State IA	
Purpose of Disbursement STRATEGY CONSULTING	Candidate Name	Amount of Each Disbursement this Period 19484.94
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) ▼	Category/ Type
State: District:		

Full Name (Last, First, Middle Initial) B. STRATEGY RESOURCES		Date of Disbursement MM / DD / YYYY 01 / 31 / 2016
Mailing Address 500 RIVERVIEW DRIVE		Transaction ID : SB23.289526
City ROCKFORD	State IA	
Purpose of Disbursement STRATEGY CONSULTING	Candidate Name	Amount of Each Disbursement this Period 15000.00
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) ▼	Category/ Type
State: District:		

Full Name (Last, First, Middle Initial) C. STRIPE		Date of Disbursement MM / DD / YYYY 01 / 04 / 2016
Mailing Address 3180 18TH STREET		Transaction ID : SB23.289161
City SAN FRANCISCO	State CA	
Purpose of Disbursement MERCHANT FEES	Candidate Name	Amount of Each Disbursement this Period 638.88
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) ▼	Category/ Type
State: District:		

Subtotal Of Receipts This Page (optional)..... 35123.82

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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<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)
DONALD J. TRUMP FOR PRESIDENT, INC.

Full Name (Last, First, Middle Initial) A. STRIPE		Date of Disbursement MM / DD / YYYY 01 / 05 / 2016
Mailing Address 3180 18TH STREET		Transaction ID : SB23.289154
City SAN FRANCISCO	State CA	
Purpose of Disbursement MERCHANT FEES	Candidate Name	Amount of Each Disbursement this Period \$ 479.49
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 01 / 06 / 2016
Mailing Address 3180 18TH STREET		Transaction ID : SB23.289171
City SAN FRANCISCO	State CA	
Purpose of Disbursement MERCHANT FEES	Candidate Name	Amount of Each Disbursement this Period \$ 1834.21
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. STRIPE		Date of Disbursement MM / DD / YYYY 01 / 07 / 2016
Mailing Address 3180 18TH STREET		Transaction ID : SB23.289160
City SAN FRANCISCO	State CA	
Purpose of Disbursement MERCHANT FEES	Candidate Name	Amount of Each Disbursement this Period \$ 636.92
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)..... \$ 2950.62

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)
DONALD J. TRUMP FOR PRESIDENT, INC.

Full Name (Last, First, Middle Initial) A. STRIPE		Date of Disbursement MM / DD / YYYY 01 / 08 / 2016
Mailing Address 3180 18TH STREET		Transaction ID : SB23.289157
City SAN FRANCISCO	State CA	
Purpose of Disbursement MERCHANT FEES	Candidate Name	Amount of Each Disbursement this Period \$ 661.46
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 01 / 11 / 2016
Mailing Address 3180 18TH STREET		Transaction ID : SB23.289153
City SAN FRANCISCO	State CA	
Purpose of Disbursement MERCHANT FEES	Candidate Name	Amount of Each Disbursement this Period \$ 12.86
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. STRIPE		Date of Disbursement MM / DD / YYYY 01 / 11 / 2016
Mailing Address 3180 18TH STREET		Transaction ID : SB23.289159
City SAN FRANCISCO	State CA	
Purpose of Disbursement MERCHANT FEES	Candidate Name	Amount of Each Disbursement this Period \$ 621.61
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)..... **\$ 1195.93**

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
DONALD J. TRUMP FOR PRESIDENT, INC.

Full Name (Last, First, Middle Initial) A. STRIPE		Date of Disbursement MM / DD / YYYY 01 / 12 / 2016
Mailing Address 3180 18TH STREET		Transaction ID : SB23.289163
City SAN FRANCISCO	State CA	
Purpose of Disbursement MERCHANT FEES	Candidate Name	Amount of Each Disbursement this Period 774.20
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 01 / 13 / 2016
Mailing Address 3180 18TH STREET		Transaction ID : SB23.289169
City SAN FRANCISCO	State CA	
Purpose of Disbursement MERCHANT FEES	Candidate Name	Amount of Each Disbursement this Period 1647.34
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. STRIPE		Date of Disbursement MM / DD / YYYY 01 / 14 / 2016
Mailing Address 3180 18TH STREET		Transaction ID : SB23.289156
City SAN FRANCISCO	State CA	
Purpose of Disbursement MERCHANT FEES	Candidate Name	Amount of Each Disbursement this Period 559.07
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)..... 2980.61

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)
DONALD J. TRUMP FOR PRESIDENT, INC.

Full Name (Last, First, Middle Initial) A. STRIPE		Date of Disbursement MM / DD / YYYY 01 / 21 / 2016
Mailing Address 3180 18TH STREET		Transaction ID : SB23.289172
City SAN FRANCISCO	State CA	
Purpose of Disbursement MERCHANT FEES	Candidate Name	Amount of Each Disbursement this Period 2925.17
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 01 / 22 / 2016
Mailing Address 3180 18TH STREET		Transaction ID : SB23.289166
City SAN FRANCISCO	State CA	
Purpose of Disbursement MERCHANT FEES	Candidate Name	Amount of Each Disbursement this Period 858.80
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. STRIPE		Date of Disbursement MM / DD / YYYY 01 / 25 / 2016
Mailing Address 3180 18TH STREET		Transaction ID : SB23.289165
City SAN FRANCISCO	State CA	
Purpose of Disbursement MERCHANT FEES	Candidate Name	Amount of Each Disbursement this Period 829.59
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)..... 4613.56

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 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)
DONALD J. TRUMP FOR PRESIDENT, INC.

Full Name (Last, First, Middle Initial) A. STRIPE		Date of Disbursement MM / DD / YYYY 01 / 26 / 2016
Mailing Address 3180 18TH STREET		Transaction ID : SB23.289164
City SAN FRANCISCO	State CA	
Purpose of Disbursement MERCHANT FEES	Candidate Name	Amount of Each Disbursement this Period 807.69
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 01 / 27 / 2016
Mailing Address 3180 18TH STREET		Transaction ID : SB23.289170
City SAN FRANCISCO	State CA	
Purpose of Disbursement MERCHANT FEES	Candidate Name	Amount of Each Disbursement this Period 1651.73
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. STRIPE		Date of Disbursement MM / DD / YYYY 01 / 28 / 2016
Mailing Address 3180 18TH STREET		Transaction ID : SB23.289158
City SAN FRANCISCO	State CA	
Purpose of Disbursement MERCHANT FEES	Candidate Name	Amount of Each Disbursement this Period 602.18
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)..... 3061.60

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:
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<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)
DONALD J. TRUMP FOR PRESIDENT, INC.

Full Name (Last, First, Middle Initial) A. STRIPE		Date of Disbursement MM / DD / YYYY 01 / 29 / 2016
Mailing Address 3180 18TH STREET		Transaction ID : SB23.289167
City SAN FRANCISCO	State CA	
Purpose of Disbursement MERCHANT FEES	Category/ Type	Amount of Each Disbursement this Period 891.77
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Full Name (Last, First, Middle Initial) B. SUN BELT HOLDINGS DAYTONA, LLC		Date of Disbursement MM / DD / YYYY 01 / 06 / 2016
Mailing Address 841 BALLOUGH RD.		Transaction ID : SB23.289482
City DAYTONA BEACH	State FL	
Purpose of Disbursement RENT AND UTILITIES	Category/ Type	Amount of Each Disbursement this Period 3166.68
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Full Name (Last, First, Middle Initial) C. SUNNYS LIMOSUINE		Date of Disbursement MM / DD / YYYY 12 / 15 / 2015
Mailing Address 4312 36TH ST		Transaction ID : SB23.289766
City LONG ISLAND CITY	State NY	
Purpose of Disbursement TRAVEL: GROUND TRANSPORTATION [AMEX: SB23.288951]	Category/ Type	Amount of Each Disbursement this Period 664.86
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Subtotal Of Receipts This Page (optional)..... 4058.45

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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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)
DONALD J. TRUMP FOR PRESIDENT, INC.

Full Name (Last, First, Middle Initial) A. SURF BALLROOM AND MUSEUM		Date of Disbursement MM / DD / YYYY 01 / 05 / 2016
Mailing Address 460 NORTH SHORE DRIVE		Transaction ID : SB23.289067
City CLEAR LAKE	State LA	
Zip Code 50428	Purpose of Disbursement FACILITY RENTAL	Amount of Each Disbursement this Period 2000.00
Candidate Name	Category/Type	
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. SURF BALLROOM AND MUSEUM		Date of Disbursement MM / DD / YYYY 01 / 22 / 2016
Mailing Address 460 NORTH SHORE DRIVE		Transaction ID : SB23.289068
City CLEAR LAKE	State LA	
Zip Code 50428	Purpose of Disbursement FACILITY RENTAL	Amount of Each Disbursement this Period 5450.00
Candidate Name	Category/Type	
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 SWOPE		Date of Disbursement MM / DD / YYYY 01 / 14 / 2016
Mailing Address 725 5TH AVENUE		Transaction ID : SB23.289318
City NEW YORK	State NY	
Zip Code 10022	Purpose of Disbursement PAYROLL	Amount of Each Disbursement this Period 2000.00
Candidate Name	Category/Type	
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)..... 9450.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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<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)
DONALD J. TRUMP FOR PRESIDENT, INC.

Full Name (Last, First, Middle Initial) A. ROBERT SWOPE		Date of Disbursement MM / DD / YYYY 01 / 29 / 2016
Mailing Address 725 5TH AVENUE		Transaction ID : SB23.289417
City NEW YORK	State NY	
Zip Code 10022	Purpose of Disbursement PAYROLL	Amount of Each Disbursement this Period 2000.00
Candidate Name	Category/ Type	
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. TAG AIR, INC.		Date of Disbursement MM / DD / YYYY 01 / 31 / 2016
Mailing Address 3800 SOUTHERN BLVD. STE. 105		Transaction ID : SB23.289585
City WEST PALM BEACH	State FL	
Zip Code 33406	Purpose of Disbursement TRAVEL: AIR	Amount of Each Disbursement this Period 537436.00
Candidate Name	Category/ Type	
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. JEFF TAILLON		Date of Disbursement MM / DD / YYYY 01 / 26 / 2016
Mailing Address 1612 RUTLAND COURT		Transaction ID : SB23.289127
City COLUMBIA	State SC	
Zip Code 29206	Purpose of Disbursement FIELD CONSULTING	Amount of Each Disbursement this Period 11332.56
Candidate Name	Category/ Type	
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)..... 550768.56

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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FOR LINE NUMBER:
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23 24 25 26 27a
 27b 28a 28b 28c 29

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NAME OF COMMITTEE (In Full)
DONALD J. TRUMP FOR PRESIDENT, INC.

Full Name (Last, First, Middle Initial) A. TARGETED VICTORY		Date of Disbursement MM / DD / YYYY 01 / 04 / 2016
Mailing Address 1033 NORTH FAIRFAX STREET #40		Transaction ID : SB23.289177
City ALEXANDRIA State VA Zip Code 22314	Amount of Each Disbursement this Period 327.49	
Purpose of Disbursement MERCHANT FEES	Candidate Name	Category/ Type
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. TARGETED VICTORY		Date of Disbursement MM / DD / YYYY 01 / 05 / 2016
Mailing Address 1033 NORTH FAIRFAX STREET #40		Transaction ID : SB23.289188
City ALEXANDRIA State VA Zip Code 22314	Amount of Each Disbursement this Period 814.76	
Purpose of Disbursement MERCHANT FEES	Candidate Name	Category/ Type
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. TARGETED VICTORY		Date of Disbursement MM / DD / YYYY 01 / 06 / 2016
Mailing Address 1033 NORTH FAIRFAX STREET #40		Transaction ID : SB23.289190
City ALEXANDRIA State VA Zip Code 22314	Amount of Each Disbursement this Period 1006.03	
Purpose of Disbursement MERCHANT FEES	Candidate Name	Category/ Type
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)..... 2148.28

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)
DONALD J. TRUMP FOR PRESIDENT, INC.

Full Name (Last, First, Middle Initial) A. TARGETED VICTORY		Date of Disbursement MM / DD / YYYY 01 / 07 / 2016
Mailing Address 1033 NORTH FAIRFAX STREET #40		Transaction ID : SB23.289180
City ALEXANDRIA State VA Zip Code 22314	Amount of Each Disbursement this Period 439.49	
Purpose of Disbursement MERCHANT FEES	Candidate Name	Category/ Type
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. TARGETED VICTORY		Date of Disbursement MM / DD / YYYY 01 / 08 / 2016
Mailing Address 1033 NORTH FAIRFAX STREET #40		Transaction ID : SB23.289178
City ALEXANDRIA State VA Zip Code 22314	Amount of Each Disbursement this Period 376.24	
Purpose of Disbursement MERCHANT FEES	Candidate Name	Category/ Type
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. TARGETED VICTORY		Date of Disbursement MM / DD / YYYY 01 / 11 / 2016
Mailing Address 1033 NORTH FAIRFAX STREET #40		Transaction ID : SB23.289176
City ALEXANDRIA State VA Zip Code 22314	Amount of Each Disbursement this Period 278.34	
Purpose of Disbursement MERCHANT FEES	Candidate Name	Category/ Type
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)..... 1094.07

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)
DONALD J. TRUMP FOR PRESIDENT, INC.

Full Name (Last, First, Middle Initial) A. TARGETED VICTORY		Date of Disbursement MM / DD / YYYY 01 / 12 / 2016
Mailing Address 1033 NORTH FAIRFAX STREET #40		Transaction ID : SB23.289174
City ALEXANDRIA State VA Zip Code 22314	Amount of Each Disbursement this Period 211.15	
Purpose of Disbursement MERCHANT FEES	Candidate Name	Category/ Type
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. TARGETED VICTORY		Date of Disbursement MM / DD / YYYY 01 / 13 / 2016
Mailing Address 1033 NORTH FAIRFAX STREET #40		Transaction ID : SB23.289185
City ALEXANDRIA State VA Zip Code 22314	Amount of Each Disbursement this Period 543.77	
Purpose of Disbursement MERCHANT FEES	Candidate Name	Category/ Type
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. TARGETED VICTORY		Date of Disbursement MM / DD / YYYY 01 / 14 / 2016
Mailing Address 1033 NORTH FAIRFAX STREET #40		Transaction ID : SB23.289175
City ALEXANDRIA State VA Zip Code 22314	Amount of Each Disbursement this Period 264.11	
Purpose of Disbursement MERCHANT FEES	Candidate Name	Category/ Type
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)..... 1019.03

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)
DONALD J. TRUMP FOR PRESIDENT, INC.

Full Name (Last, First, Middle Initial) A. TARGETED VICTORY		Date of Disbursement MM / DD / YYYY 01 / 21 / 2016
Mailing Address 1033 NORTH FAIRFAX STREET #40		Transaction ID : SB23.289181
City ALEXANDRIA State VA Zip Code 22314	Amount of Each Disbursement this Period 443.25	
Purpose of Disbursement MERCHANT FEES	Candidate Name	Category/ Type
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. TARGETED VICTORY		Date of Disbursement MM / DD / YYYY 01 / 22 / 2016
Mailing Address 1033 NORTH FAIRFAX STREET #40		Transaction ID : SB23.289182
City ALEXANDRIA State VA Zip Code 22314	Amount of Each Disbursement this Period 445.65	
Purpose of Disbursement MERCHANT FEES	Candidate Name	Category/ Type
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. TARGETED VICTORY		Date of Disbursement MM / DD / YYYY 01 / 25 / 2016
Mailing Address 1033 NORTH FAIRFAX STREET #40		Transaction ID : SB23.289187
City ALEXANDRIA State VA Zip Code 22314	Amount of Each Disbursement this Period 770.58	
Purpose of Disbursement MERCHANT FEES	Candidate Name	Category/ Type
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)..... 1659.48

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 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)
DONALD J. TRUMP FOR PRESIDENT, INC.

Full Name (Last, First, Middle Initial) A. TARGETED VICTORY		Date of Disbursement MM / DD / YYYY 01 / 26 / 2016
Mailing Address 1033 NORTH FAIRFAX STREET #40		Transaction ID : SB23.289189
City ALEXANDRIA State VA Zip Code 22314	Amount of Each Disbursement this Period 989.63	
Purpose of Disbursement MERCHANT FEES	Candidate Name	Category/ Type
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. TARGETED VICTORY		Date of Disbursement MM / DD / YYYY 01 / 27 / 2016
Mailing Address 1033 NORTH FAIRFAX STREET #40		Transaction ID : SB23.289186
City ALEXANDRIA State VA Zip Code 22314	Amount of Each Disbursement this Period 575.34	
Purpose of Disbursement MERCHANT FEES	Candidate Name	Category/ Type
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. TARGETED VICTORY		Date of Disbursement MM / DD / YYYY 01 / 28 / 2016
Mailing Address 1033 NORTH FAIRFAX STREET #40		Transaction ID : SB23.289183
City ALEXANDRIA State VA Zip Code 22314	Amount of Each Disbursement this Period 464.11	
Purpose of Disbursement MERCHANT FEES	Candidate Name	Category/ Type
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)..... 2029.08

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)
DONALD J. TRUMP FOR PRESIDENT, INC.

Full Name (Last, First, Middle Initial) A. TARGETED VICTORY		Date of Disbursement MM / DD / YYYY 01 / 29 / 2016
Mailing Address 1033 NORTH FAIRFAX STREET #40		Transaction ID : SB23.289184
City ALEXANDRIA	State VA Zip Code 22314	
Purpose of Disbursement MERCHANT FEES	Candidate Name	Amount of Each Disbursement this Period 494.02
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. TARRANT COUNTY REPUBLICAN PARTY VICTORY FUND		Date of Disbursement MM / DD / YYYY 01 / 14 / 2016
Mailing Address 2405 GRAVEL DRIVE		Transaction ID : SB23.288976
City FORTH WORTH	State TX Zip Code 76118	
Purpose of Disbursement EVENT REGISTRATION FEE	Candidate Name	Amount of Each Disbursement this Period 910.00
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. MICHAEL TEED		Date of Disbursement MM / DD / YYYY 01 / 19 / 2016
Mailing Address 725 5TH AVENUE		Transaction ID : SB23.289215
City NEW YORK	State NY Zip Code 10022	
Purpose of Disbursement PAYROLL	Candidate Name	Amount of Each Disbursement this Period 2288.24
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)..... 3692.26

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 566 / 617

<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)
DONALD J. TRUMP FOR PRESIDENT, INC.

Full Name (Last, First, Middle Initial) A. MICHAEL TEED		Date of Disbursement MM / DD / YYYY 01 / 29 / 2016
Mailing Address 725 5TH AVENUE		Transaction ID : SB23.289418
City NEW YORK	State NY	
Purpose of Disbursement PAYROLL	Candidate Name	Amount of Each Disbursement this Period 1250.00
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. MICHAEL TEED		Date of Disbursement MM / DD / YYYY 01 / 30 / 2016
Mailing Address 725 5TH AVENUE		Transaction ID : SB23.289571
City NEW YORK	State NY	
Purpose of Disbursement TRAVEL EXPENSE REIMBURSEMENT: ITEMIZATION BELOW IF REQUIRED	Candidate Name	Amount of Each Disbursement this Period 924.80
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 TEED		Date of Disbursement MM / DD / YYYY 01 / 30 / 2016
Mailing Address 725 5TH AVENUE		Transaction ID : SB23.289904
City NEW YORK	State NY	
Purpose of Disbursement TRAVEL: MILEAGE [TEED: SB23.289571]	Candidate Name	Amount of Each Disbursement this Period 861.93
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)..... 2174.80

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 567 / 617

<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)
DONALD J. TRUMP FOR PRESIDENT, INC.

Full Name (Last, First, Middle Initial) A. TELION CORP		Date of Disbursement MM / DD / YYYY 01 / 29 / 2016
Mailing Address 7000 WEST PALMETTO PARK ROAD SUITE 210		Transaction ID : SB23.288961
City BOCA RATON	State FL Zip Code 33433	
Purpose of Disbursement EVENT CONSULTING	Category/Type	Amount of Each Disbursement this Period 18282.29
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:		

Full Name (Last, First, Middle Initial) B. THE CITY OF NASHUA - FMO		Date of Disbursement MM / DD / YYYY 01 / 31 / 2016
Mailing Address 177 LAKE STREET		Transaction ID : SB23.289511
City NASHUA	State NH Zip Code 03060	
Purpose of Disbursement SECURITY SERVICES	Category/Type	Amount of Each Disbursement this Period 921.92
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:		

Full Name (Last, First, Middle Initial) C. THE UPS STORE		Date of Disbursement MM / DD / YYYY 12 / 03 / 2015
Mailing Address 55 GLENLAKE PARWAY NE		Transaction ID : SB23.289623
City ATLANTA	State GA Zip Code 30328	
Purpose of Disbursement DELIVERY SERVICES [AMEX: SB23.288951]	Category/Type	Amount of Each Disbursement this Period 233.03
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:		

Subtotal Of Receipts This Page (optional)..... 19204.21

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)
DONALD J. TRUMP FOR PRESIDENT, INC.

Full Name (Last, First, Middle Initial) A. THE VAUGHN BUILDING		Date of Disbursement MM / DD / YYYY 01 / 07 / 2016
Mailing Address 807 BRAZOS STREET		Transaction ID : SB23.289483
City AUSTIN	State TX	
Zip Code 78701	Purpose of Disbursement RENT AND UTILITIES	Amount of Each Disbursement this Period 4260.85
Candidate Name	Category/Type	
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. THE VINYL PI LLC		Date of Disbursement MM / DD / YYYY 12 / 15 / 2015
Mailing Address 15906 OLD STATESVILLE RD		Transaction ID : SB23.289691
City HUNTERSVILLE	State NC	
Zip Code 28078	Purpose of Disbursement MEETING EXPENSE: MEALS [AMEX: SB23.288951]	Amount of Each Disbursement this Period 355.11
Candidate Name	Category/Type 101	[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. THE WRIGHT PLACE		Date of Disbursement MM / DD / YYYY 01 / 15 / 2016
Mailing Address 340 WRIGHT RD, SUITE A		Transaction ID : SB23.289070
City NORWALK	State IA	
Zip Code 50211	Purpose of Disbursement FACILITY RENTAL	Amount of Each Disbursement this Period 600.00
Candidate Name	Category/Type	
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)..... 4860.85

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 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)
DONALD J. TRUMP FOR PRESIDENT, INC.

Full Name (Last, First, Middle Initial) A. TIME WARNER CABLE		Date of Disbursement MM / DD / YYYY 12 / 01 / 2015
Mailing Address 16 60 COLUMBUS CIR		Transaction ID : SB23.289820
City NEW YORK	State NY	
Zip Code 10023	Purpose of Disbursement BROADBAND SERVICE [AMEX: SB23.288951]	Amount of Each Disbursement this Period 1739.15
Candidate Name	Category/ Type	[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. TIME WARNER CABLE		Date of Disbursement MM / DD / YYYY 12 / 22 / 2015
Mailing Address 16 60 COLUMBUS CIR		Transaction ID : SB23.289673
City NEW YORK	State NY	
Zip Code 10023	Purpose of Disbursement BROADBAND SERVICE [AMEX: SB23.288951]	Amount of Each Disbursement this Period 314.95
Candidate Name	Category/ Type	[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. DANIEL TISO		Date of Disbursement MM / DD / YYYY 01 / 11 / 2016
Mailing Address 725 5TH AVENUE		Transaction ID : SB23.289549
City NEW YORK	State NY	
Zip Code 10022	Purpose of Disbursement TRAVEL EXPENSE REIMBURSEMENT: ITEMIZATION BELOW IF REQUIRED	Amount of Each Disbursement this Period 1698.12
Candidate Name	Category/ Type 101	
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)..... 1698.12

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 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)
DONALD J. TRUMP FOR PRESIDENT, INC.

Full Name (Last, First, Middle Initial) A. DANIEL TISO		Date of Disbursement MM / DD / YYYY 01 / 11 / 2016
Mailing Address 725 5TH AVENUE		Transaction ID : SB23.289889
City NEW YORK	State NY	
Zip Code 10022	Purpose of Disbursement TRAVEL: MILEAGE [TISO: SB23.289549]	Amount of Each Disbursement this Period 825.66
Candidate Name	Category/ Type	[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. DANIEL TISO		Date of Disbursement MM / DD / YYYY 01 / 14 / 2016
Mailing Address 725 5TH AVENUE		Transaction ID : SB23.289319
City NEW YORK	State NY	
Zip Code 10022	Purpose of Disbursement PAYROLL	Amount of Each Disbursement this Period 1000.00
Candidate Name	Category/ Type	
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. DANIEL TISO		Date of Disbursement MM / DD / YYYY 01 / 29 / 2016
Mailing Address 725 5TH AVENUE		Transaction ID : SB23.289419
City NEW YORK	State NY	
Zip Code 10022	Purpose of Disbursement PAYROLL	Amount of Each Disbursement this Period 1000.00
Candidate Name	Category/ Type	
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)..... 2000.00

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 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)
DONALD J. TRUMP FOR PRESIDENT, INC.

Full Name (Last, First, Middle Initial) A. DANIEL TISO		Date of Disbursement MM / DD / YYYY 01 / 30 / 2016
Mailing Address 725 5TH AVENUE		Transaction ID : SB23.289547
City NEW YORK	State NY	
Zip Code 10022	Purpose of Disbursement TRAVEL EXPENSE REIMBURSEMENT: ITEMIZATION BELOW IF REQUIRED	Amount of Each Disbursement this Period 64.95
Candidate Name	Category/Type 101	
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. DANIEL TISO		Date of Disbursement MM / DD / YYYY 01 / 31 / 2016
Mailing Address 725 5TH AVENUE		Transaction ID : SB23.289548
City NEW YORK	State NY	
Zip Code 10022	Purpose of Disbursement TRAVEL EXPENSE REIMBURSEMENT: ITEMIZATION BELOW IF REQUIRED	Amount of Each Disbursement this Period 1035.20
Candidate Name	Category/Type 101	
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. DANIEL TISO		Date of Disbursement MM / DD / YYYY 01 / 31 / 2016
Mailing Address 725 5TH AVENUE		Transaction ID : SB23.289888
City NEW YORK	State NY	
Zip Code 10022	Purpose of Disbursement TRAVEL: MILEAGE [TISO: SB23.289548]	Amount of Each Disbursement this Period 689.94
Candidate Name	Category/Type	
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) ▼	[MEMO ITEM]
State: District:		

Subtotal Of Receipts This Page (optional)..... 1100.15

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)
DONALD J. TRUMP FOR PRESIDENT, INC.

Full Name (Last, First, Middle Initial) A. TOWN OF GOFFSTOWN NH		Date of Disbursement MM / DD / YYYY 01 / 05 / 2016
Mailing Address 16 MAIN STREET		Transaction ID : SB23.289513
City GOFFSTOWN	State NH	
Purpose of Disbursement SECURITY SERVICES		Amount of Each Disbursement this Period 525.00
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) B. TOWN OF TYNGSBOROUGH		Date of Disbursement MM / DD / YYYY 01 / 31 / 2016
Mailing Address 20 WESTFORD ROAD		Transaction ID : SB23.289515
City TYNGSBOROUGH	State MA	
Purpose of Disbursement SECURITY SERVICES		Amount of Each Disbursement this Period 2041.11
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) C. TRAVEL RESERVATION USA		Date of Disbursement MM / DD / YYYY 12 / 17 / 2015
Mailing Address 10190 COVINGTON CROSS DR STE 200		Transaction ID : SB23.289756
City LAS VEGAS	State NV	
Purpose of Disbursement TRAVEL: LODGING [AMEX: SB23.288951]		Amount of Each Disbursement this Period 571.92
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Subtotal Of Receipts This Page (optional)..... 2566.11

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)
DONALD J. TRUMP FOR PRESIDENT, INC.

Full Name (Last, First, Middle Initial) A. TRAVEL RESERVATION USA		Date of Disbursement MM / DD / YYYY 12 / 18 / 2015
Mailing Address 10190 COVINGTON CROSS DR STE 200		Transaction ID : SB23.289615
City LAS VEGAS	State NV	
Purpose of Disbursement TRAVEL: LODGING [AMEX: SB23.288951]		Amount of Each Disbursement this Period 223.76
Candidate Name		[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. C. STEPHEN TRIMMIER		Date of Disbursement MM / DD / YYYY 01 / 05 / 2016
Mailing Address 2727 HIGHLAND AVE., S		Transaction ID : SB23.289498
City BIRMINGHAM	State AL	
Purpose of Disbursement RENT AND UTILITIES		Amount of Each Disbursement this Period 2000.00
Candidate Name		[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. DONALD J. TRUMP		Date of Disbursement MM / DD / YYYY 01 / 01 / 2016
Mailing Address 725 FIFTH AVENUE		Transaction ID : SB23.288860
City NEW YORK	State NY	
Purpose of Disbursement IN-KIND: RENT (SEE MEMOS BELOW)		Amount of Each Disbursement this Period 15000.00
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District: 00	

Subtotal Of Receipts This Page (optional)..... 17000.00

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 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)
DONALD J. TRUMP FOR PRESIDENT, INC.

Full Name (Last, First, Middle Initial) A. TRUMP TOWER COMMERCIAL LLC		Date of Disbursement MM / DD / YYYY 01 / 07 / 2016
Mailing Address PO BOX 1926		Transaction ID : SB23.255781.0
City HICKSVILLE	State NY	
Zip Code 11802	Purpose of Disbursement IN-KIND: PRE-PAID PAYROLL	Amount of Each Disbursement this Period 2693.63
Candidate Name	Category/ Type 101	[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. KEITH SCHILLER		Date of Disbursement MM / DD / YYYY 01 / 07 / 2016
Mailing Address 725 5TH AVENUE		Transaction ID : SB23.255781.1
City NEW YORK	State NY	
Zip Code 10022	Purpose of Disbursement IN-KIND: PRE-PAID PAYROLL	Amount of Each Disbursement this Period 2693.63
Candidate Name	Category/ Type 101	[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. DONALD J. TRUMP		Date of Disbursement MM / DD / YYYY 01 / 09 / 2016
Mailing Address 725 FIFTH AVENUE		Transaction ID : SB23.255779
City NEW YORK	State NY	
Zip Code 10022	Purpose of Disbursement IN-KIND: PRE-PAID PAYROLL (SEE MEMOS BELOW)	Amount of Each Disbursement this Period 2620.86
Candidate Name	Category/ Type 101	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District: 00	

Subtotal Of Receipts This Page (optional)..... 2620.86

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 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)
DONALD J. TRUMP FOR PRESIDENT, INC.

Full Name (Last, First, Middle Initial) A. TRUMP PAYROLL CORP		Date of Disbursement MM / DD / YYYY 01 / 09 / 2016
Mailing Address 725 FIFTH AVENUE		Transaction ID : SB23.255779.0
City NEW YORK	State NY	
Zip Code 10022	Purpose of Disbursement IN-KIND: PRE-PAID PAYROLL	Amount of Each Disbursement this Period 2620.86
Candidate Name	Category/ Type 101	[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. HOPE HICKS		Date of Disbursement MM / DD / YYYY 01 / 09 / 2016
Mailing Address 725 5TH AVENUE 25TH FLOOR		Transaction ID : SB23.255779.1
City NEW YORK	State NY	
Zip Code 10022	Purpose of Disbursement IN-KIND: PRE-PAID PAYROLL	Amount of Each Disbursement this Period 1515.63
Candidate Name	Category/ Type 101	[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. AMANDA MILLER		Date of Disbursement MM / DD / YYYY 01 / 09 / 2016
Mailing Address 725 FIFTH AVE.		Transaction ID : SB23.255779.2
City NEW YORK	State NY	
Zip Code 10022	Purpose of Disbursement IN-KIND: PRE-PAID PAYROLL	Amount of Each Disbursement this Period 270.66
Candidate Name	Category/ Type 101	[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)..... 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)
DONALD J. TRUMP FOR PRESIDENT, INC.

Full Name (Last, First, Middle Initial) A. KEITH SCHILLER		Date of Disbursement MM / DD / YYYY 01 / 14 / 2016
Mailing Address 725 5TH AVENUE		Transaction ID : SB23.255782.1
City NEW YORK	State NY	
Zip Code 10022	Purpose of Disbursement IN-KIND: PRE-PAID PAYROLL	Amount of Each Disbursement this Period 2693.63
Candidate Name	Category/ Type 101	[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. DONALD J. TRUMP		Date of Disbursement MM / DD / YYYY 01 / 21 / 2016
Mailing Address 725 FIFTH AVENUE		Transaction ID : SB23.255783
City NEW YORK	State NY	
Zip Code 10022	Purpose of Disbursement IN-KIND: PRE-PAID PAYROLL (SEE MEMOS BELOW)	Amount of Each Disbursement this Period 2692.72
Candidate Name	Category/ Type 101	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District: 00	

Full Name (Last, First, Middle Initial) C. TRUMP TOWER COMMERCIAL LLC		Date of Disbursement MM / DD / YYYY 01 / 21 / 2016
Mailing Address PO BOX 1926		Transaction ID : SB23.255783.0
City HICKSVILLE	State NY	
Zip Code 11802	Purpose of Disbursement IN-KIND: PRE-PAID PAYROLL	Amount of Each Disbursement this Period 2692.72
Candidate Name	Category/ Type 101	[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)..... 2692.72

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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23 24 25 26 27a
 27b 28a 28b 28c 29

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NAME OF COMMITTEE (In Full)
DONALD J. TRUMP FOR PRESIDENT, INC.

Full Name (Last, First, Middle Initial) A. KEITH SCHILLER		Date of Disbursement MM / DD / YYYY 01 / 21 / 2016
Mailing Address 725 5TH AVENUE		Transaction ID : SB23.255783.1
City NEW YORK	State NY	
Purpose of Disbursement IN-KIND: PRE-PAID PAYROLL	Category/ Type 101	Amount of Each Disbursement this Period 2692.72
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	[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. DONALD J. TRUMP		Date of Disbursement MM / DD / YYYY 01 / 23 / 2016
Mailing Address 725 FIFTH AVENUE		Transaction ID : SB23.255780
City NEW YORK	State NY	
Purpose of Disbursement IN-KIND: PRE-PAID PAYROLL (SEE MEMOS BELOW)	Category/ Type 101	Amount of Each Disbursement this Period 3371.78
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District: 00	

Full Name (Last, First, Middle Initial) C. TRUMP PAYROLL CORP		Date of Disbursement MM / DD / YYYY 01 / 23 / 2016
Mailing Address 725 FIFTH AVENUE		Transaction ID : SB23.255780.0
City NEW YORK	State NY	
Purpose of Disbursement IN-KIND: PRE-PAID PAYROLL	Category/ Type 101	Amount of Each Disbursement this Period 2371.78
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	[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)..... 3371.78

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)

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<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)
DONALD J. TRUMP FOR PRESIDENT, INC.

Full Name (Last, First, Middle Initial) A. HOPE HICKS		Date of Disbursement MM / DD / YYYY 01 / 23 / 2016
Mailing Address 725 5TH AVENUE 25TH FLOOR		Transaction ID : SB23.255780.1
City NEW YORK	State NY	
Purpose of Disbursement IN-KIND: PRE-PAID PAYROLL	Category/ Type 101	Amount of Each Disbursement this Period 2270.43
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	[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. AMANDA MILLER		Date of Disbursement MM / DD / YYYY 01 / 23 / 2016
Mailing Address 725 FIFTH AVE.		Transaction ID : SB23.255780.2
City NEW YORK	State NY	
Purpose of Disbursement IN-KIND: PRE-PAID PAYROLL	Category/ Type 101	Amount of Each Disbursement this Period 270.66
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	[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. JUSTIN MCCONNEY		Date of Disbursement MM / DD / YYYY 01 / 23 / 2016
Mailing Address 725 FIFTH AVENUE		Transaction ID : SB23.255780.3
City NEW YORK	State NY	
Purpose of Disbursement IN-KIND: PRE-PAID PAYROLL	Category/ Type 101	Amount of Each Disbursement this Period 830.69
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	[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)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
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<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)
DONALD J. TRUMP FOR PRESIDENT, INC.

Full Name (Last, First, Middle Initial) A. DONALD J. TRUMP		Date of Disbursement MM / DD / YYYY 01 / 28 / 2016
Mailing Address 725 FIFTH AVENUE		Transaction ID : SB23.255784
City NEW YORK	State NY	
Purpose of Disbursement IN-KIND: PRE-PAID PAYROLL (SEE MEMOS BELOW)		Amount of Each Disbursement this Period 2679.33
Candidate Name		Category/ Type 101
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District: 00	

Full Name (Last, First, Middle Initial) B. TRUMP TOWER COMMERCIAL LLC		Date of Disbursement MM / DD / YYYY 01 / 28 / 2016
Mailing Address PO BOX 1926		Transaction ID : SB23.255784.0
City HICKSVILLE	State NY	
Purpose of Disbursement IN-KIND: PRE-PAID PAYROLL		Amount of Each Disbursement this Period 2679.33
Candidate Name		Category/ Type 101
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:	[MEMO ITEM]

Full Name (Last, First, Middle Initial) C. KEITH SCHILLER		Date of Disbursement MM / DD / YYYY 01 / 28 / 2016
Mailing Address 725 5TH AVENUE		Transaction ID : SB23.255784.1
City NEW YORK	State NY	
Purpose of Disbursement IN-KIND: PRE-PAID PAYROLL		Amount of Each Disbursement this Period 2679.33
Candidate Name		Category/ Type 101
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:	[MEMO ITEM]

Subtotal Of Receipts This Page (optional)..... 2679.33

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)
DONALD J. TRUMP FOR PRESIDENT, INC.

Full Name (Last, First, Middle Initial) A. TRUMP NATIONAL DORAL		Date of Disbursement MM / DD / YYYY 01 / 26 / 2016
Mailing Address 4400 NW 87TH AVENUE		Transaction ID : SB23.289072
City MIAMI State FL Zip Code 33178	Amount of Each Disbursement this Period 25927.19	
Purpose of Disbursement FACILITY RENTAL	Candidate Name	Category/ Type
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. TRUMP OLD POST OFFICE LLC		Date of Disbursement MM / DD / YYYY 01 / 12 / 2016
Mailing Address 1100 PENNSYLVANIA AVE NW		Transaction ID : SB23.289074
City WASHINGTON State DC Zip Code 20004	Amount of Each Disbursement this Period 5000.00	
Purpose of Disbursement FACILITY RENTAL	Candidate Name	Category/ Type
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. TRUMP RESTAURANTS LLC		Date of Disbursement MM / DD / YYYY 01 / 04 / 2016
Mailing Address 725 FIFTH AVE.		Transaction ID : SB23.289485
City NEW YORK State NY Zip Code 10022	Amount of Each Disbursement this Period 3000.00	
Purpose of Disbursement RENT AND UTILITIES	Candidate Name	Category/ Type
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)..... 33927.19

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:
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23 24 25 26 27a
 27b 28a 28b 28c 29

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NAME OF COMMITTEE (In Full)
DONALD J. TRUMP FOR PRESIDENT, INC.

Full Name (Last, First, Middle Initial) A. TRUMP RESTAURANTS LLC		Date of Disbursement MM / DD / YYYY 01 / 12 / 2016
Mailing Address 725 FIFTH AVE.		Transaction ID : SB23.289484
City NEW YORK	State NY	
Zip Code 10022	Purpose of Disbursement RENT AND UTILITIES	Amount of Each Disbursement this Period 240.00
Candidate Name	Category/ Type	
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. TRUMP SOHO		Date of Disbursement MM / DD / YYYY 01 / 05 / 2016
Mailing Address 246 SPRING STREET		Transaction ID : SB23.289588
City NEW YORK	State NY	
Zip Code 10013	Purpose of Disbursement TRAVEL: LODGING	Amount of Each Disbursement this Period 810.24
Candidate Name	Category/ Type	
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. TRUMP TOWER COMMERCIAL LLC		Date of Disbursement MM / DD / YYYY 01 / 04 / 2016
Mailing Address PO BOX 1926		Transaction ID : SB23.289486
City HICKSVILLE	State NY	
Zip Code 11802	Purpose of Disbursement RENT AND UTILITIES	Amount of Each Disbursement this Period 35457.50
Candidate Name	Category/ Type	
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)..... 36507.74

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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Detailed Summary Page

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<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)
DONALD J. TRUMP FOR PRESIDENT, INC.

Full Name (Last, First, Middle Initial) A. TRUMP TOWER COMMERCIAL LLC		Date of Disbursement MM / DD / YYYY 01 / 30 / 2016
Mailing Address PO BOX 1926		Transaction ID : SB23.289487
City HICKSVILLE	State NY	
Zip Code 11802	Purpose of Disbursement RENT AND UTILITIES	Amount of Each Disbursement this Period 35457.50
Candidate Name	Category/ Type	
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. TRUSCELLO RUSSELL ULLOM, LLC		Date of Disbursement MM / DD / YYYY 01 / 05 / 2016
Mailing Address 5770 WEST TECO AVE.		Transaction ID : SB23.289488
City LAS VEGAS	State NV	
Zip Code 89118	Purpose of Disbursement RENT AND UTILITIES	Amount of Each Disbursement this Period 1250.00
Candidate Name	Category/ Type	
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. TRUSCELLO RUSSELL ULLOM, LLC		Date of Disbursement MM / DD / YYYY 01 / 25 / 2016
Mailing Address 5770 WEST TECO AVE.		Transaction ID : SB23.289489
City LAS VEGAS	State NV	
Zip Code 89118	Purpose of Disbursement RENT AND UTILITIES	Amount of Each Disbursement this Period 1600.00
Candidate Name	Category/ Type	
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)..... 38307.50

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

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<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)
DONALD J. TRUMP FOR PRESIDENT, INC.

Full Name (Last, First, Middle Initial) A. THOMAS TSAVERAS		Date of Disbursement MM / DD / YYYY 01 / 07 / 2016
Mailing Address 725 5TH AVENUE		Transaction ID : SB23.289135
City NEW YORK	State NY	
Zip Code 10022	Purpose of Disbursement FIELD CONSULTING	Amount of Each Disbursement this Period 800.00
Candidate Name	Category/ Type	
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. TSONGAS CENTER AT UMASS LOWELL		Date of Disbursement MM / DD / YYYY 01 / 04 / 2016
Mailing Address 300 ARCAND DR.		Transaction ID : SB23.289077
City LOWELL	State MA	
Zip Code 01852	Purpose of Disbursement FACILITY RENTAL	Amount of Each Disbursement this Period 27151.04
Candidate Name	Category/ Type	
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. TSONGAS CENTER AT UMASS LOWELL		Date of Disbursement MM / DD / YYYY 01 / 07 / 2016
Mailing Address 300 ARCAND DR.		Transaction ID : SB23.289076
City LOWELL	State MA	
Zip Code 01852	Purpose of Disbursement FACILITY RENTAL	Amount of Each Disbursement this Period 5756.35
Candidate Name	Category/ Type	
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)..... 33707.39

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

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(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)
DONALD J. TRUMP FOR PRESIDENT, INC.

Full Name (Last, First, Middle Initial) A. CHAD TUCKER		Date of Disbursement MM / DD / YYYY 01 / 28 / 2016
Mailing Address 725 5TH AVENUE		Transaction ID : SB23.289541
City NEW YORK	State NY	
Purpose of Disbursement TRAVEL EXPENSE REIMBURSEMENT: ITEMIZATION BELOW IF REQUIRED		Amount of Each Disbursement this Period 1342.72
Candidate Name		Category/ Type 101
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. CHAD TUCKER		Date of Disbursement MM / DD / YYYY 01 / 28 / 2016
Mailing Address 725 5TH AVENUE		Transaction ID : SB23.289885
City NEW YORK	State NY	
Purpose of Disbursement TRAVEL: MILEAGE [TUCKER: SB23.289541]		Amount of Each Disbursement this Period 593.07
Candidate Name		Category/ Type
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:	[MEMO ITEM]

Full Name (Last, First, Middle Initial) C. DAVID TUCKER		Date of Disbursement MM / DD / YYYY 01 / 14 / 2016
Mailing Address 725 5TH AVENUE		Transaction ID : SB23.289320
City NEW YORK	State NY	
Purpose of Disbursement PAYROLL		Amount of Each Disbursement this Period 1500.00
Candidate Name		Category/ Type
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)..... 2842.72

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

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NAME OF COMMITTEE (In Full)
DONALD J. TRUMP FOR PRESIDENT, INC.

Full Name (Last, First, Middle Initial) A. DAVID TUCKER		Date of Disbursement MM / DD / YYYY 01 / 29 / 2016
Mailing Address 725 5TH AVENUE		Transaction ID : SB23.289420
City NEW YORK	State NY	
Purpose of Disbursement PAYROLL	Candidate Name	Amount of Each Disbursement this Period 1500.00
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. TYNGSBOROUGH PUBLIC SCHOOLS		Date of Disbursement MM / DD / YYYY 01 / 31 / 2016
Mailing Address 50 NORRIS ROAD		Transaction ID : SB23.289078
City TYNGSBOROUGH	State MA	
Purpose of Disbursement FACILITY RENTAL	Candidate Name	Amount of Each Disbursement this Period 3654.02
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. UHAUL		Date of Disbursement MM / DD / YYYY 01 / 27 / 2016
Mailing Address 12201 NW 35TH ST		Transaction ID : SB23.289896
City CORAL SPRINGS	State FL	
Purpose of Disbursement TRAVEL: CAR RENTAL [LOCETTA: SB23.289558]	Candidate Name	Amount of Each Disbursement this Period 276.63
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)..... 5154.02

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

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<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)
DONALD J. TRUMP FOR PRESIDENT, INC.

Full Name (Last, First, Middle Initial) A. GARY RICHARD UHER		Date of Disbursement MM / DD / YYYY 01 / 07 / 2016
Mailing Address 123 MAMARONECK AVE. APT. 205		Transaction ID : SB23.289516
City MAMARONECK State NY Zip Code 10543	Amount of Each Disbursement this Period 2630.25	
Purpose of Disbursement SECURITY SERVICES	Candidate Name	Category/ Type
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 AIRLINES		Date of Disbursement MM / DD / YYYY 12 / 19 / 2015
Mailing Address 233 S. WACKER DDRIVE		Transaction ID : SB23.289680
City CHICAGO State IL Zip Code 60606	Amount of Each Disbursement this Period 322.60	
Purpose of Disbursement TRAVEL: AIR [AMEX: SB23.288951]	Candidate Name	Category/ Type
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:		[MEMO ITEM]

Full Name (Last, First, Middle Initial) C. UNITED AIRLINES		Date of Disbursement MM / DD / YYYY 12 / 24 / 2015
Mailing Address 233 S. WACKER DDRIVE		Transaction ID : SB23.289685
City CHICAGO State IL Zip Code 60606	Amount of Each Disbursement this Period 334.10	
Purpose of Disbursement TRAVEL: AIR [AMEX: SB23.288951]	Candidate Name	Category/ Type
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:		[MEMO ITEM]

Subtotal Of Receipts This Page (optional)..... 2630.25

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 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)
DONALD J. TRUMP FOR PRESIDENT, INC.

Full Name (Last, First, Middle Initial) A. UNITED AIRLINES		Date of Disbursement MM / DD / YYYY 12 / 26 / 2015
Mailing Address 233 S. WACKER DDRIVE		Transaction ID : SB23.289770
City CHICAGO	State IL	
Purpose of Disbursement TRAVEL: AIR [AMEX: SB23.288951]		Amount of Each Disbursement this Period 718.60
Candidate Name		[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 STATES AUDIO VISUAL		Date of Disbursement MM / DD / YYYY 01 / 05 / 2016
Mailing Address PO BOX 980847		Transaction ID : SB23.288998
City PARK CITY	State UT	
Purpose of Disbursement EVENT STAGING EXPENSE		Amount of Each Disbursement this Period 12389.78
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) C. UNITED STATES AUDIO VISUAL		Date of Disbursement MM / DD / YYYY 01 / 07 / 2016
Mailing Address PO BOX 980847		Transaction ID : SB23.288999
City PARK CITY	State UT	
Purpose of Disbursement EVENT STAGING EXPENSE		Amount of Each Disbursement this Period 21890.00
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Subtotal Of Receipts This Page (optional)..... 34279.78

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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Detailed Summary Page

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(check only one)

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<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)
DONALD J. TRUMP FOR PRESIDENT, INC.

Full Name (Last, First, Middle Initial) A. UNITED STATES AUDIO VISUAL		Date of Disbursement MM / DD / YYYY 01 / 30 / 2016
Mailing Address PO BOX 980847		Transaction ID : SB23.289000
City PARK CITY	State UT	
Zip Code 84098	Purpose of Disbursement EVENT STAGING EXPENSE	Amount of Each Disbursement this Period 92768.15
Candidate Name	Category/ Type	
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. UNIVERSITY OF IOWA - RECREATIONAL SERVICES		Date of Disbursement MM / DD / YYYY 01 / 22 / 2016
Mailing Address E216 FIELD HOUSE		Transaction ID : SB23.289080
City IOWA CITY	State IA	
Zip Code 52242	Purpose of Disbursement FACILITY RENTAL	Amount of Each Disbursement this Period 11765.00
Candidate Name	Category/ Type	
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. UNIVERSITY OF NORTHERN IOWA		Date of Disbursement MM / DD / YYYY 01 / 05 / 2016
Mailing Address 2501 HUDSON ROAD, MCLEOD CENTER #2		Transaction ID : SB23.289083
City CEDAR FALLS	State IA	
Zip Code 50614	Purpose of Disbursement FACILITY RENTAL	Amount of Each Disbursement this Period 6086.86
Candidate Name	Category/ Type	
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)..... 110620.01

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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<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)
DONALD J. TRUMP FOR PRESIDENT, INC.

Full Name (Last, First, Middle Initial) A. UNIVERSITY OF NORTHERN IOWA		Date of Disbursement MM / DD / YYYY 01 / 11 / 2016
Mailing Address 2501 HUDSON ROAD, MCLEOD CENTER #2		Transaction ID : SB23.289082
City CEDAR FALLS	State IA Zip Code 50614	
Purpose of Disbursement FACILITY RENTAL	Candidate Name	Amount of Each Disbursement this Period 3162.50
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. TERESA UNRUE		Date of Disbursement MM / DD / YYYY 01 / 14 / 2016
Mailing Address 725 5TH AVENUE		Transaction ID : SB23.289321
City NEW YORK	State NY Zip Code 10022	
Purpose of Disbursement PAYROLL	Candidate Name	Amount of Each Disbursement this Period 1500.00
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. TERESA UNRUE		Date of Disbursement MM / DD / YYYY 01 / 29 / 2016
Mailing Address 725 5TH AVENUE		Transaction ID : SB23.289421
City NEW YORK	State NY Zip Code 10022	
Purpose of Disbursement PAYROLL	Candidate Name	Amount of Each Disbursement this Period 1500.00
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)..... 6162.50

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)
DONALD J. TRUMP FOR PRESIDENT, INC.

Full Name (Last, First, Middle Initial) A. VERIZON		Date of Disbursement MM / DD / YYYY 12 / 18 / 2015
Mailing Address PO BOX 15124		Transaction ID : SB23.289736
City ALBANY	State NY	
Purpose of Disbursement MOBILE PHONE EXPENSE [AMEX: SB23.288951]		Amount of Each Disbursement this Period 500.73
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State:	District:	

Full Name (Last, First, Middle Initial) B. VERIZON		Date of Disbursement MM / DD / YYYY 12 / 21 / 2015
Mailing Address PO BOX 15124		Transaction ID : SB23.289643
City ALBANY	State NY	
Purpose of Disbursement MOBILE PHONE EXPENSE [AMEX: SB23.288951]		Amount of Each Disbursement this Period 261.61
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State:	District:	

Full Name (Last, First, Middle Initial) C. VERIZON		Date of Disbursement MM / DD / YYYY 12 / 22 / 2015
Mailing Address PO BOX 15124		Transaction ID : SB23.289668
City ALBANY	State NY	
Purpose of Disbursement MOBILE PHONE EXPENSE [AMEX: SB23.288951]		Amount of Each Disbursement this Period 299.61
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State:	District:	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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Detailed Summary Page

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<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)
DONALD J. TRUMP FOR PRESIDENT, INC.

Full Name (Last, First, Middle Initial) A. THAYER VERSCHOOR		Date of Disbursement MM / DD / YYYY 01 / 19 / 2016
Mailing Address 725 5TH AVENUE		Transaction ID : SB23.289217
City NEW YORK	State NY	
Purpose of Disbursement PAYROLL	Candidate Name	Amount of Each Disbursement this Period 1246.08
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. THAYER VERSCHOOR		Date of Disbursement MM / DD / YYYY 01 / 29 / 2016
Mailing Address 725 5TH AVENUE		Transaction ID : SB23.289422
City NEW YORK	State NY	
Purpose of Disbursement PAYROLL	Candidate Name	Amount of Each Disbursement this Period 2250.00
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. VIRGIN AMERICA		Date of Disbursement MM / DD / YYYY 12 / 07 / 2015
Mailing Address 555 AIRPORT BLVD STE 400		Transaction ID : SB23.289670
City BURLINGAME	State CA	
Purpose of Disbursement TRAVEL: AIR [AMEX: SB23.288951]	Candidate Name	Amount of Each Disbursement this Period 304.10
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)..... 3496.08

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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Detailed Summary Page

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<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)
DONALD J. TRUMP FOR PRESIDENT, INC.

Full Name (Last, First, Middle Initial) A. VIRGIN AMERICA		Date of Disbursement M M / D D / Y Y Y Y 12 / 10 / 2015
Mailing Address 555 AIRPORT BLVD STE 400		Transaction ID : SB23.289645
City BURLINGAME State CA Zip Code 94010	Amount of Each Disbursement this Period 263.10	
Purpose of Disbursement TRAVEL: AIR [AMEX: SB23.288951]	Candidate Name	[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. VIRGIN AMERICA		Date of Disbursement M M / D D / Y Y Y Y 12 / 10 / 2015
Mailing Address 555 AIRPORT BLVD STE 400		Transaction ID : SB23.289762
City BURLINGAME State CA Zip Code 94010	Amount of Each Disbursement this Period 627.60	
Purpose of Disbursement TRAVEL: AIR [AMEX: SB23.288951]	Candidate Name	[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. VIRGIN AMERICA		Date of Disbursement M M / D D / Y Y Y Y 12 / 14 / 2015
Mailing Address 555 AIRPORT BLVD STE 400		Transaction ID : SB23.289731
City BURLINGAME State CA Zip Code 94010	Amount of Each Disbursement this Period 481.20	
Purpose of Disbursement TRAVEL: AIR [AMEX: SB23.288951]	Candidate Name	[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)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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FOR LINE NUMBER:
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 27b 28a 28b 28c 29

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NAME OF COMMITTEE (In Full)
DONALD J. TRUMP FOR PRESIDENT, INC.

A. VOLUSION, INC

Full Name (Last, First, Middle Initial)

Mailing Address 1736 ERRINGER RD
STE 202

City SIMI VALLEY State CA Zip Code 93065

Purpose of Disbursement DATA MANAGEMENT SERVICES [AMEX: SB23.288951]

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement: MM / DD / YYYY
12 / 02 / 2015

Transaction ID : SB23.289667

Amount of Each Disbursement this Period: 298.34

[MEMO ITEM]

B. MARISSA WALTERS

Full Name (Last, First, Middle Initial)

Mailing Address 725 5TH AVENUE

City NEW YORK State NY Zip Code 10022

Purpose of Disbursement PAYROLL

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement: MM / DD / YYYY
01 / 06 / 2016

Transaction ID : SB23.289244

Amount of Each Disbursement this Period: 2000.00

C. MARISSA WALTERS

Full Name (Last, First, Middle Initial)

Mailing Address 725 5TH AVENUE

City NEW YORK State NY Zip Code 10022

Purpose of Disbursement PAYROLL

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement: MM / DD / YYYY
01 / 06 / 2016

Transaction ID : SB23.289250

Amount of Each Disbursement this Period: 2000.00

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:
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23 24 25 26 27a
 27b 28a 28b 28c 29

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NAME OF COMMITTEE (In Full)
DONALD J. TRUMP FOR PRESIDENT, INC.

Full Name (Last, First, Middle Initial) A. MARISSA WALTERS		Date of Disbursement MM / DD / YYYY 01 / 14 / 2016
Mailing Address 725 5TH AVENUE		Transaction ID : SB23.289322
City NEW YORK	State NY	
Purpose of Disbursement PAYROLL	Zip Code 10022	Amount of Each Disbursement this Period 2000.00
Candidate Name	Category/ Type	
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. MARISSA WALTERS		Date of Disbursement MM / DD / YYYY 01 / 29 / 2016
Mailing Address 725 5TH AVENUE		Transaction ID : SB23.289423
City NEW YORK	State NY	
Purpose of Disbursement PAYROLL	Zip Code 10022	Amount of Each Disbursement this Period 2000.00
Candidate Name	Category/ Type	
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. WAUKEE PIZZA RANCH		Date of Disbursement MM / DD / YYYY 01 / 07 / 2016
Mailing Address 448 SE UNIVERSITY AVE.		Transaction ID : SB23.289085
City WAUKEE	State IA	
Purpose of Disbursement FACILITY RENTAL	Zip Code 50263	Amount of Each Disbursement this Period 2875.00
Candidate Name	Category/ Type	
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)..... 6875.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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<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)
DONALD J. TRUMP FOR PRESIDENT, INC.

Full Name (Last, First, Middle Initial) A. KATHRYN WELLNER		Date of Disbursement MM / DD / YYYY 01 / 12 / 2016
Mailing Address 3330 WESTOWN PARKWAY SUITE 15		Transaction ID : SB23.288944
City WEST DES MOINES	State IA	
Purpose of Disbursement COMMUNICATIONS CONSULTING	Candidate Name	Amount of Each Disbursement this Period 9999.99 7960.56
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. NICHOLAS WESTCOTT		Date of Disbursement MM / DD / YYYY 01 / 21 / 2016
Mailing Address 725 5TH AVENUE		Transaction ID : SB23.289234
City NEW YORK	State NY	
Purpose of Disbursement PAYROLL	Candidate Name	Amount of Each Disbursement this Period 9999.99 923.20
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. NICHOLAS WESTCOTT		Date of Disbursement MM / DD / YYYY 01 / 29 / 2016
Mailing Address 725 5TH AVENUE		Transaction ID : SB23.289424
City NEW YORK	State NY	
Purpose of Disbursement PAYROLL	Candidate Name	Amount of Each Disbursement this Period 9999.99 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: _____	Category/ Type	

Subtotal Of Receipts This Page (optional)..... 9883.76

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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FOR LINE NUMBER:
(check only one)

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<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)
DONALD J. TRUMP FOR PRESIDENT, INC.

Full Name (Last, First, Middle Initial) A. WESTERN MOTEL		Date of Disbursement M M / D D / Y Y Y Y 12 / 19 / 2015
Mailing Address 701 ENTERPRISE ST N		Transaction ID : SB23.289739
City ABERDEEN	State SD	
Purpose of Disbursement TRAVEL: LODGING [AMEX: SB23.288951]		Amount of Each Disbursement this Period 506.90
Candidate Name		[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. WESTIN HILTON		Date of Disbursement M M / D D / Y Y Y Y 12 / 23 / 2015
Mailing Address 2 GRASSLAWN AVE		Transaction ID : SB23.289799
City HILTON HEAD ISLAND	State SC	
Purpose of Disbursement TRAVEL: LODGING [AMEX: SB23.288951]		Amount of Each Disbursement this Period 759.50
Candidate Name		[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. WESTIN HILTON		Date of Disbursement M M / D D / Y Y Y Y 12 / 23 / 2015
Mailing Address 2 GRASSLAWN AVE		Transaction ID : SB23.289826
City HILTON HEAD ISLAND	State SC	
Purpose of Disbursement FACILITY RENTAL/CATERING SERVICES [AMEX: SB23.288951]		Amount of Each Disbursement this Period 2500.00
Candidate Name		[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)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
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<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)
DONALD J. TRUMP FOR PRESIDENT, INC.

Full Name (Last, First, Middle Initial) A. WESTIN HILTON		Date of Disbursement MM / DD / YYYY 12 / 28 / 2015
Mailing Address 2 GRASSLAWN AVE		Transaction ID : SB23.289802
City HILTON HEAD ISLAND	State SC	
Purpose of Disbursement TRAVEL: LODGING [AMEX: SB23.288951]		Amount of Each Disbursement this Period 772.50
Candidate Name		[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. WEST OAKS RESORT		Date of Disbursement MM / DD / YYYY 12 / 04 / 2015
Mailing Address 25 LAKE SHORE DR		Transaction ID : SB23.289609
City ARNOLDS PARK	State IA	
Purpose of Disbursement TRAVEL: LODGING [AMEX: SB23.288951]		Amount of Each Disbursement this Period 214.50
Candidate Name		[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. WEST VIRGINIA SECRETARY OF STATE		Date of Disbursement MM / DD / YYYY 01 / 04 / 2016
Mailing Address 1900 KANAWHA BLVD. EAST BLDG. 1, SUITE 157-K		Transaction ID : SB23.289603
City CHARLESTON	State WV	
Purpose of Disbursement BALLOT ACCESS FEE		Amount of Each Disbursement this Period 2500.00
Candidate Name		[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)..... 2500.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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Detailed Summary Page

FOR LINE NUMBER:
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<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)
DONALD J. TRUMP FOR PRESIDENT, INC.

Full Name (Last, First, Middle Initial) A. WHITE CLIFF REALTY		Date of Disbursement MM / DD / YYYY 01 / 04 / 2016
Mailing Address PO BOX 1015		Transaction ID : SB23.289491
City MILFORD	State NH	
Purpose of Disbursement RENT AND UTILITIES	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) ▼	Category/ Type
State: District:		

Full Name (Last, First, Middle Initial) B. WHITE CLIFF REALTY		Date of Disbursement MM / DD / YYYY 01 / 31 / 2016
Mailing Address PO BOX 1015		Transaction ID : SB23.289490
City MILFORD	State NH	
Purpose of Disbursement RENT AND UTILITIES	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) ▼	Category/ Type
State: District:		

Full Name (Last, First, Middle Initial) C. JOSHUA WHITEHOUSE		Date of Disbursement MM / DD / YYYY 01 / 14 / 2016
Mailing Address 725 FIFTH AVENUE		Transaction ID : SB23.289323
City NEW YORK	State NY	
Purpose of Disbursement PAYROLL	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) ▼	Category/ Type
State: District:		

Subtotal Of Receipts This Page (optional)..... 4600.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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<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)
DONALD J. TRUMP FOR PRESIDENT, INC.

Full Name (Last, First, Middle Initial) A. WIREGRASS STRATEGY GROUP		Date of Disbursement MM / DD / YYYY 01 / 14 / 2016
Mailing Address 3539 APALACHEE PKWY 3-186		Transaction ID : SB23.289528
City TALLAHASSEE State FL Zip Code 32311	Amount of Each Disbursement this Period 8842.22	
Purpose of Disbursement STRATEGY CONSULTING	Candidate Name	Category/ Type
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 WISENBAKER		Date of Disbursement MM / DD / YYYY 01 / 14 / 2016
Mailing Address 725 5TH AVENUE		Transaction ID : SB23.289324
City NEW YORK State NY Zip Code 10022	Amount of Each Disbursement this Period 1250.00	
Purpose of Disbursement PAYROLL	Candidate Name	Category/ Type
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 WISENBAKER		Date of Disbursement MM / DD / YYYY 01 / 29 / 2016
Mailing Address 725 5TH AVENUE		Transaction ID : SB23.289428
City NEW YORK State NY Zip Code 10022	Amount of Each Disbursement this Period 1250.00	
Purpose of Disbursement PAYROLL	Candidate Name	Category/ Type
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)..... 11342.22

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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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)
DONALD J. TRUMP FOR PRESIDENT, INC.

Full Name (Last, First, Middle Initial) A. WIZBANG SOLUTIONS, INC.		Date of Disbursement MM / DD / YYYY 01 / 04 / 2016
Mailing Address 6747 E. 50TH AVENUE		Transaction ID : SB23.289457
City COMMERCE CITY	State CO	
Purpose of Disbursement PRINTING AND DESIGN SERVICES	Candidate Name	Amount of Each Disbursement this Period 820.76
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. WIZBANG SOLUTIONS, INC.		Date of Disbursement MM / DD / YYYY 01 / 05 / 2016
Mailing Address 6747 E. 50TH AVENUE		Transaction ID : SB23.289458
City COMMERCE CITY	State CO	
Purpose of Disbursement PRINTING AND DESIGN SERVICES	Candidate Name	Amount of Each Disbursement this Period 4698.36
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. WIZBANG SOLUTIONS, INC.		Date of Disbursement MM / DD / YYYY 01 / 07 / 2016
Mailing Address 6747 E. 50TH AVENUE		Transaction ID : SB23.289456
City COMMERCE CITY	State CO	
Purpose of Disbursement PRINTING AND DESIGN SERVICES	Candidate Name	Amount of Each Disbursement this Period 354.53
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)..... 5873.65

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)
DONALD J. TRUMP FOR PRESIDENT, INC.

Full Name (Last, First, Middle Initial) A. BRIAN WOLLET		Date of Disbursement MM / DD / YYYY 01 / 19 / 2016
Mailing Address 725 5TH AVENUE		Transaction ID : SB23.289219
City NEW YORK	State NY	
Zip Code 10022	Purpose of Disbursement PAYROLL	Amount of Each Disbursement this Period 2000.00
Candidate Name	Category/ Type	
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. BRIAN WOLLET		Date of Disbursement MM / DD / YYYY 01 / 29 / 2016
Mailing Address 725 5TH AVENUE		Transaction ID : SB23.289429
City NEW YORK	State NY	
Zip Code 10022	Purpose of Disbursement PAYROLL	Amount of Each Disbursement this Period 2000.00
Candidate Name	Category/ Type	
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. ZOH0 CORPORATION		Date of Disbursement MM / DD / YYYY 12 / 15 / 2015
Mailing Address 4141 HACIENDA DRIVE		Transaction ID : SB23.289633
City PLEASANTON	State CA	
Zip Code 94588	Purpose of Disbursement SOFTWARE SERVICES [AMEX: SB23.288951]	Amount of Each Disbursement this Period 250.00
Candidate Name	Category/ Type	
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)..... 11496200.75

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 606 / 617

<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)
DONALD J. TRUMP FOR PRESIDENT, INC.

Full Name (Last, First, Middle Initial) A. FRANCIS BRIA		Date of Disbursement MM / DD / YYYY 01 / 28 / 2016
Mailing Address 3358 PARK AVE		Transaction ID : SB28A.288897
City BRIDGEPORT	State CT	
Zip Code 06604	Purpose of Disbursement CONTRIBUTION REFUND	Amount of Each Disbursement this Period 700.00
Candidate Name	Category/ Type 101	
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. JENNIFER LOCETTA		Date of Disbursement MM / DD / YYYY 01 / 27 / 2016
Mailing Address 725 5TH AVENUE		Transaction ID : SB28A.289924
City NEW YORK	State NY	
Zip Code 10022	Purpose of Disbursement CONTRIBUTION REFUND	Amount of Each Disbursement this Period 1933.03
Candidate Name	Category/ Type 101	
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 MUNOZ		Date of Disbursement MM / DD / YYYY 01 / 29 / 2016
Mailing Address 725 FIFTH AVENUE		Transaction ID : SB28A.289922
City NEW YORK	State NY	
Zip Code 10022	Purpose of Disbursement CONTRIBUTION REFUND	Amount of Each Disbursement this Period 760.84
Candidate Name	Category/ Type 101	
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)..... 3393.87

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)
DONALD J. TRUMP FOR PRESIDENT, INC.

Full Name (Last, First, Middle Initial) A. CHARLES MUNOZ		Date of Disbursement MM / DD / YYYY 01 / 29 / 2016
Mailing Address 725 FIFTH AVENUE		Transaction ID : SB28A.289923
City NEW YORK	State NY	
Purpose of Disbursement CONTRIBUTION REFUND	Zip Code 10022	Amount of Each Disbursement this Period 304.28
Candidate Name	Category/ Type 101	
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		Amount of Each Disbursement this Period
City	State Zip Code	
Purpose of Disbursement	Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C.		Date of Disbursement MM / DD / YYYY
Mailing Address		Amount of Each Disbursement this Period
City	State Zip Code	
Purpose of Disbursement	Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Subtotal Of Receipts This Page (optional)..... 304.28

Total This Period (last page this line number only)..... 3698.15

SCHEDULE C-P LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: 19a 19b
(check only one)

NAME OF COMMITTEE (In Full)
DONALD J. TRUMP FOR PRESIDENT, INC.

Transaction ID : **SC/12.4108**

LOAN SOURCE Full Name (Last, First, Middle Initial)
DONALD J. TRUMP

[PERSONAL FUNDS]

Election: 2016

- Primary
- General
- Other (specify) ▼

Mailing Address
725 FIFTH AVENUE

City	State	ZIP Code
NEW YORK	NY	10022

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
76500.00	0.00	76500.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M 04 / D 08 / Y 2015	M / D / Y 12/31/2016	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

Subtotal Of Receipts This Page (optional).....▶

Total This Period (last page this line number only).....▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C-P LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: 19a 19b
(check only one)

NAME OF COMMITTEE (In Full)
DONALD J. TRUMP FOR PRESIDENT, INC.

Transaction ID : **SC/12.4109**

LOAN SOURCE Full Name (Last, First, Middle Initial)
DONALD J. TRUMP

[PERSONAL FUNDS]

Election: 2016

- Primary
- General
- Other (specify) ▼

Mailing Address
725 FIFTH AVENUE

City	State	ZIP Code
NEW YORK	NY	10022

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
216150.00	0.00	216150.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M 04 / D 10 / Y 2015	M / D / Y 12/31/2016	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

Subtotal Of Receipts This Page (optional).....▶

Total This Period (last page this line number only).....▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C-P LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: 19a 19b
(check only one)

NAME OF COMMITTEE (In Full)
DONALD J. TRUMP FOR PRESIDENT, INC.

Transaction ID : **SC/12.4110**

LOAN SOURCE Full Name (Last, First, Middle Initial)
DONALD J. TRUMP

[PERSONAL FUNDS]

Election: 2016

- Primary
- General
- Other (specify) ▼

Mailing Address
725 FIFTH AVENUE

City	State	ZIP Code
NEW YORK	NY	10022

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
430450.00	0.00	430450.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M 05 / D 14 / Y 2015	M / D / Y 12/31/2016	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only).....

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C-P LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: 19a 19b
(check only one)

NAME OF COMMITTEE (In Full)
DONALD J. TRUMP FOR PRESIDENT, INC.

Transaction ID : **SC/12.4111**

LOAN SOURCE Full Name (Last, First, Middle Initial)
DONALD J. TRUMP

[PERSONAL FUNDS]

Election: 2016

- Primary
- General
- Other (specify) ▼

Mailing Address
725 FIFTH AVENUE

City	State	ZIP Code
NEW YORK	NY	10022

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
1081647.23	0.00	1081647.23

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M 06 / D 16 / Y 2015	M / D / Y 12/31/2016	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

Subtotal Of Receipts This Page (optional).....▶

Total This Period (last page this line number only).....▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C-P LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: 19a 19b
(check only one)

NAME OF COMMITTEE (In Full)
DONALD J. TRUMP FOR PRESIDENT, INC.

Transaction ID : **SC/12.150537**

LOAN SOURCE Full Name (Last, First, Middle Initial)
DONALD J. TRUMP

[PERSONAL FUNDS]

Election: 2016

- Primary
- General
- Other (specify) ▼

Mailing Address
725 FIFTH AVENUE

City	State	ZIP Code
NEW YORK	NY	10022

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
1000000.00	0.00	1000000.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
10 / 01 / 2015	12/31/2016	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

Subtotal Of Receipts This Page (optional).....▶ 1000000.00

Total This Period (last page this line number only).....▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C-P LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: 19a 19b
(check only one)

NAME OF COMMITTEE (In Full)
DONALD J. TRUMP FOR PRESIDENT, INC.

Transaction ID : **SC/12.150538**

LOAN SOURCE Full Name (Last, First, Middle Initial)
DONALD J. TRUMP

[PERSONAL FUNDS]

Election: 2016

- Primary
- General
- Other (specify) ▼

Mailing Address
725 FIFTH AVENUE

City	State	ZIP Code
NEW YORK	NY	10022

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
2344775.84	0.00	2344775.84

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M 11 / D 05 / Y 2015	M M / D D / Y 12/31/2016	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

Subtotal Of Receipts This Page (optional).....▶

Total This Period (last page this line number only).....▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C-P LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: 19a 19b
(check only one)

NAME OF COMMITTEE (In Full)
DONALD J. TRUMP FOR PRESIDENT, INC.

Transaction ID : **SC/12.150539**

LOAN SOURCE Full Name (Last, First, Middle Initial)
DONALD J. TRUMP

[PERSONAL FUNDS]

Election: 2016

- Primary
- General
- Other (specify) ▼

Mailing Address
725 FIFTH AVENUE

City	State	ZIP Code
NEW YORK	NY	10022

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
2470774.34	0.00	2470774.34

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M 12 / D 07 / Y 2015	M / D / Y 12/31/2016	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

Subtotal Of Receipts This Page (optional).....▶

Total This Period (last page this line number only).....▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C-P LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: 19a 19b
(check only one)

NAME OF COMMITTEE (In Full)
DONALD J. TRUMP FOR PRESIDENT, INC.

Transaction ID : **SC/12.150540**

LOAN SOURCE Full Name (Last, First, Middle Initial)
DONALD J. TRUMP

[PERSONAL FUNDS]

Election: 2016

- Primary
- General
- Other (specify) ▼

Mailing Address
725 FIFTH AVENUE

City	State	ZIP Code
NEW YORK	NY	10022

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
5000000.00	0.00	5000000.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
12 / 16 / 2015	12/31/2016	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

Subtotal Of Receipts This Page (optional).....▶ 5000000.00

Total This Period (last page this line number only).....▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C-P LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: 19a 19b
(check only one)

NAME OF COMMITTEE (In Full)
DONALD J. TRUMP FOR PRESIDENT, INC.

Transaction ID : **SC/12.255771**

LOAN SOURCE Full Name (Last, First, Middle Initial)
DONALD J. TRUMP

[PERSONAL FUNDS]

Election: 2016

- Primary
- General
- Other (specify) ▼

Mailing Address
725 FIFTH AVENUE

City	State	ZIP Code
NEW YORK	NY	10022

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
2000000.00	0.00	2000000.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
01 / 20 / 2016	12/31/2016	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []

Subtotal Of Receipts This Page (optional).....▶ 2000000.00

Total This Period (last page this line number only).....▶ []

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C-P LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: 19a 19b
(check only one)

NAME OF COMMITTEE (In Full)
DONALD J. TRUMP FOR PRESIDENT, INC.

Transaction ID : **SC/12.255772**

LOAN SOURCE Full Name (Last, First, Middle Initial)
DONALD J. TRUMP

[PERSONAL FUNDS]

Election: 2016

- Primary
- General
- Other (specify) ▼

Mailing Address
725 FIFTH AVENUE

City	State	ZIP Code
NEW YORK	NY	10022

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
2913761.00	0.00	2913761.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M 01 / D 28 / Y 2016	M / D / Y 12/31/2016	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

Subtotal Of Receipts This Page (optional).....▶

Total This Period (last page this line number only).....▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.